



UNITED STATES MARINE CORPS

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4400 DAUPHINE STREET
NEW ORLEANS, LOUISIANA 70146-5400

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16 MAR 1984

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From: Commanding General
To: Distribution List

Subj: STANDING OPERATING PROCEDURES FOR MEDICAL MATTERS
(SHORT TITLE: SOP FOR MEDICAL)

Encl: (1) LOCATOR SHEET

1. Purpose. To promulgate medical policies and procedures with respect to medical matters to the Staff, subordinate commands, organizations, and individuals over which the Commanding General, Marine Reserve Force (MARRESFOR) exercises command or operational control.
2. Action. This Manual is designed for use on a daily basis to assist in the provision of medical support and medical administrative matters. All medical matters will be accomplished per the procedures set forth in this Manual.
3. Recommendations. Recommendations concerning the contents of this Manual are invited. Such recommendations will be forwarded to the Commanding General, MARRESFOR (G-4 Med) via the appropriate chain of command.
4. Reserve Applicability. This Manual is applicable to the Marine Corps Reserve.
5. Certification. Reviewed and approved this date.


R. HICKERSON
Chief of Staff

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ENCLOSURE (1)

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RECORD OF CHANGES

Log completed change action as indicated.

Change Number	Date of Change	Date Entered	Signature of Person Incorporated Change

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CHAPTER 1

THE UNIT HOSPITAL CORPSMAN

1000. ORGANIZATIONAL RELATIONSHIPS. All Hospital Corpsmen serving independently of a medical officer will have the title, Medical Department Representative (MDR). In the MARRESFOR, the titles of MDR and unit Hospital Corpsman are synonymous. The MDR serves as a representative of the Surgeon General of the Navy in all health care matters at the unit site. He is directly responsible to the unit commander for the health of the Active Duty Staff, the assigned Selected Marine Corps Reserve (SMCR) and Naval Reserve personnel supporting MARRESFOR SMCR units. His duties include offering professional advice on sanitation matters, the health of all personnel, the preparation of medical and general Naval correspondence when required, and the maintenance and storage of individual health and dental records. Maintenance and accountability of all medical and dental (Class VIII) material, is an additional responsibility of the Unit corpsman.

1001. ASSUMPTION OF DUTIES. Within 30 working days after reporting for duty, the unit Hospital Corpsman shall conduct a detailed inspection of all medical spaces, records, supplies and equipment. Additionally, a thorough sanitation and habitability inspection must be conducted. Whenever possible, these inspections will be performed with the outgoing MDR. A written report, citing all discrepancies and including a plan for correction, shall be submitted to the unit commander. A copy of this report must be maintained in the medical administrative files. Depending upon the nature and number of discrepancies noted, the unit commander shall take such action in accordance with Article 9-20 of the Manual of the Medical Department (NAVMED P-117).

1002. DUTIES AND RESPONSIBILITIES

1. OPNAVINST 6320.3 provides background information, definitions, and policy regarding the duties and responsibilities of Non-physician Health Care Providers. The Manual of the Medical Department, Chapter 9, details the duties and utilization of hospital corpsmen. This chapter also defines the nature and responsibilities of independent duty assignments. NAVMEDCOMINST 6320.7 establishes criteria for certification of medical personnel in the performance of specific health care procedures and describes general quality assurance and risk management policies and procedures. It is significant to note that hospital corpsmen assigned to Active Duty staffs are **not** on independent duty as described in the Manual of the Medical Department.

2. Primary duties of Active Duty staff Hospital Corpsmen are medical administration and the training of active duty and reserve personnel.
3. Secondary medical duties may include assisting a physician in the performance of physical examinations. Hospital Corpsmen shall not attempt medical procedures beyond their abilities unless they are under the direct supervision of a physician whose credentials have been certified by the Navy and who has subsequently been granted privileges in writing by the unit's Commanding Officer.
4. Venipunctures for physical examination purposes (HIV testing, CBC, or blood chemistries) may be performed by Hospital Corpsmen once proficiency has been demonstrated (e.g., training at Hospital Corps "A" School). These procedures may be performed without the direct supervision of a physician. (See Chapter 9 of this manual for additional information.)
5. Medical supplies required to carry out the above duties are described in MCO 6700R.1M.
6. In the case of emergencies, Hospital Corpsmen are expected to provide such medical treatment to save life or limb and to prevent suffering. This treatment must be within their training and capabilities.
7. All Navy Active Duty staff and Naval Reserve (Program 9) support personnel are subject to the periodic Mobilization Operational Readiness Deployment Test (MORDT), record reviews and short notice PRT/PFT testing. Unit Hospital Corpsmen are required to review supporting Program 9 Naval Reservists' health records every 6 months. In addition, the unit Hospital Corpsmen are to maintain records of these personnel in a tickler file system with review dates noted. All Naval Service personnel assigned to MARRESFOR units/staffs must update their PRT/PFT Risk Factor Sheets quarterly in order to be continually in compliance with OPNAVIST 6110.1D for short notice PRT/PFT testing during a MORDT.

1003. LIMITATIONS

1. Unit commander's shall ensure that Hospital Corpsmen are not assigned as Non-physician Health Care Providers. Unless authorized in writing and under the direct supervision of a credentialed physician, Hospital Corpsmen cannot be utilized in this capacity while assigned to unit staffs.
2. Unit Hospital Corpsmen shall not conduct sick call on active duty or reserve personnel. Reserve centers are not typically designed, nor are they equipped to provide such treatment. Normally these centers do not have a physician permanently

assigned. It is appropriate for Hospital Corpsmen to conduct a health care screening in order to make recommendations regarding the duty status of active duty personnel or reservists in a full duty or drill status.

3. Hospital corpsmen shall not examine or treat dependents or civilians except in life-threatening emergencies.

1004. COLLATERAL ASSIGNMENTS FOR UNIT HOSPITAL CORPSMEN. Navy Regulations (1990), Article 1063 states, "While assigned to a combat area during a period of armed conflict, members of Medical, Dental, Chaplain, Medical Services; Nurse Corps, Hospital Corps and Dental Technicians shall be detailed or permitted to perform only such duties as are related to medical, dental or religious service and the administration of medical, dental or religious units and establishments. This restriction is necessary to protect the noncombatant status of these personnel under the Geneva Convention of August 12, 1949." The following duties, as collateral assignments, are not in conflict with the spirit of the letter of this regulation.

1. Hospital visitation program (MCO 6320.2C).
2. Health Benefits Advisor (HBA) (OCHAMPUS 6010.24M).
3. Safety Manager (MCO 5100.8E, 5101.8D, ForO 5101.1 and NAVMC P2692).
4. The medical aspects of NPQ and NOE procedures (MCO P1900.16D/SECNAVINST 1770.3/MCO 1770.2A).
5. Medical cognizance for hospitalized personnel (MCO P1001.6).
6. Processing claims for Non Naval medical care procedures (NAVMEDCOMINIST 6320.1A).

1005. SUBSTANCE ABUSE COORDINATOR (SACO). Hospital Corpsmen will not be used as SACOs and urinalysis surveillance coordinators.

1006. CASUALTY ASSISTANCE CALLS OFFICER (CACO). Unit Hospital Corpsman will not be utilized as CACOs.

1007. UNIFORM RESPONSIBILITIES

1. Officers. Navy officers serving with Marine units on extended active duty over thirty days may wear the service uniform prescribed for Marine Corps Officers at their own expense. Navy officers will abide by Marine Corps grooming and

physical appearance standards if wearing Marine Corps service uniforms.

2. Enlisted USMC Uniform Option

a. MCBul 10210 of 17 Aug 89 states that unit Hospital Corpsmen, Dental technicians and Religious Program Specialists who elect to wear Marine Corps service uniforms, will receive an initial issue at no expense to the member. The Marine Corps grooming and physical appearance standards will then apply. (Usually an entry is made in the member's service record indicating his desire to abide by Marine Corps grooming and appearance standards.)

b. These personnel will wear the Marine Corps All Weather Coat (AWC), when needed, with the service uniform and may wear it with the utility uniform. The green service sweater (woolly-pulley) may be worn with the service utility uniform (MCO P1020.34 para 3022).

3. Enlisted USN Uniform Option

a. Unit Hospital Corpsmen, Dental Technicians and Religious Program Specialists who do not elect to wear Marine Corps service uniforms will be issued only utility uniform items and will be required to wear them as directed by the Marine Corps unit to which they are assigned. These personnel will abide by Navy grooming and body fat standards (OPNAVINST 6110.1D). When service uniforms are required, Navy uniforms will be worn.

b. When the utility uniform is worn, the Navy black web belt will be worn with the Navy or Marine Corps buckle, at the individual's option. When appropriate, the Navy issue black rain coat will be worn. Either the Navy pullover or Marine Corps green service sweater may be worn with the utility uniform (MCO P10120.34).

4. Decal. A green cloth strip, one inch in width, with embroidered letters of the wearer's surname and branch of service will be worn as prescribed in the Navy Uniform Regulations (NAVPERS 15665G) and appropriate NAVPERS instructions.

5. Selected Naval Reserve Support (Program Nine)

a. If they choose, Program Nine support personnel are authorized an initial issue of the Marine Corps service uniforms per CMC ltr 10120 Ser MCUB/15-90 of 19 Jan 90 through the Marine Corps supply system. They will be required to then conform to Marine Corps grooming and physical appearance standards for the period of time they are assigned to the Program Nine unit.

b. Program Nine support personnel not wishing to wear Marine Corps Service uniforms will be issued only the utility uniforms. These items will be procured through their Naval Reserve Center supply system.

c. Naval Reservists can procure their cloth name strips through the Navy supply system (see COMNAVRESFOR Logistic Support Procedures (MCO P7300.1E)).

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CHAPTER 2

GENERAL ADMINISTRATION

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CHAPTER 2

GENERAL ADMINISTRATION

2000. MEDICAL DEPARTMENT JOURNAL

1. Each Active Duty Staff Hospital Corpsman shall maintain a journal to reflect complete, concise and chronological records of important events. The Medical Department Journal should contain, as a minimum, the following information:

- a. The number and type of physical examinations performed.
- b. The number and type of immunizations administered.
- c. A record of first aid lectures given, including subject matter, attendees, and the date/time the lecture was conducted.
- d. Training lectures and demonstrations presented to Reserve members and other audiences.
- e. A record of formal and informal sanitation inspections of the
Marine Corps Reserve Center.
- f. A record of health benefits counseling.
- g. A record of visits made to hospitalized active duty members.
- h. A record of accidents and injuries sustained aboard the reserve activity.
- i. Scheduled drill periods.
- j. Any additional information deemed appropriate.

2. Unit Hospital Corpsmen shall post the above topics listing in the inside cover of their Medical Journal for ready reference.

2001. DEPARTMENT OF THE NAVY FILE MAINTENANCE PROCEDURE AND STANDARD SUBJECT IDENTIFICATION CODES (SSIC). In all official files, the Unit Hospital Corpsmen will use the same file maintenance procedures and SSICs as described in SECNAVINST 5210.11D.

2002. OFFICIAL CORRESPONDENCE LEAVING THE COMMAND

1. The unit commander may delegate "By direction" signature authority to any Hospital Corpsman First Class (E-6) and above for matters directly related to medical affairs as well as other appropriate situations. This delegation of authority must be accomplished in writing and will include a brief synopsis of what the Hospital Corpsman will be responsible to sign.
2. Often the unit Hospital Corpsman will need external correspondence signed by the unit commander. Under no circumstances will the unit Hospital Corpsman sign his name to official correspondence leaving the command unless proper authority is granted beforehand in writing. The unit Hospital Corpsman is then responsible for keeping the unit commander properly informed concerning all external correspondence he initiates and signs.

2003. NAVY ENLISTED PERFORMANCE EVALUATIONS AND OFFICER FITNESS REPORTS. The unit commander has the obligation of ensuring that periodic enlisted evaluations and officer fitness reports for naval personnel are submitted through the chain of command. NAVMILPERSCOMINST 1611.1A and BUPERSINST 1616.9A specify all reporting requirements and periods these reports should cover. These references also indicate due dates for each pay grade.

2004. ENLISTED PERSONNEL ACTION REQUEST (NAVPERS 1306/7)

1. When the unit Hospital Corpsman requests an early transfer to attend a Navy school or to request a change of duty station, he should submit an Enlisted Personnel Request (NAVPERS 1306/7) (Figure 2-1) in accordance with Chapter 11 of the Enlisted Transfer Manual (NAVPERS 1509D).
2. The NAVPERS 1306/7 must be signed by the unit commander, and forwarded via the chain of command to the Commanding General, MARRESFOR, (G-4 MED).
3. It is essential that item number 2 of the Command Endorsement section, entitled "Relief Required," be annotated. When no gap is acceptable, "00" should be entered and notation made that an on-board relief is required, as shown in Figure 2-1. If the billet is still gapped upon transfer of the unit Hospital Corpsman, then the unit commander should send a message to BUPERS WASHINGTON DC//407C// for USN billets or NRPC//30// for TAR billets. Ensure the chain of command includes CG MARRESFOR//4MED// and EPMAC New Orleans LA//90// as information addressees.

2005. UNIT HOSPITAL CORPSMAN PERSONAL DATA SHEET. All unit Hospital Corpsman are required to submit the Personal Data Sheet, Figure 2-2, to the Commanding General, MARRESFOR, (G-4 MED), when they report on board. This sheet contains current information that will help MARRESFOR Medical obtain the personnel status of each unit corpsmen and to predict/project changes requiring action. If changes occur, especially with regard to Projected Rotation of Duty (PRD) and Expiration of Active Obligated Service (EAOS), the unit Hospital Corpsman is required to notify Marine Reserve Force, G-4 Medical.

2006. WALKING BLOOD BANK. In order to maintain a rapid identifiable source of blood products for the support of operating military forces during mobilization or contingency periods, each unit shall establish and maintain a walking blood bank list. The list shall be arranged by name, blood group and type.

2007. DUPLICATE PANOGRAPHIC REPORTING. The Secretary of the Navy directed in 1986 that each Naval service member shall have on file at the DEERS Support Office, Monterey, CA, a duplicate of their dental panograph. To ensure that MARRESFOR units are in compliance with SECNAV directive, MARRESFOR units are required to forward to G-4 Medical the status of the unit(s) panographic x-ray on file bi-annually on 1 January and 30 June.

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ENLISTED PERSONNEL ACTION REQUEST

NAVPERS 1306/7 (REV. 10-78) S/N 0106-LF-013-0636

DATE

34

SSN

FROM:

TO:

VIA:

REF:

ENCL:

DO NOT WRITE IN THIS SPACE

DUTY PHONE (AUTO/VON)

HOME PHONE

REQUESTED ACTION	<input type="checkbox"/> TYPE DUTY	<input type="checkbox"/> TOUR ADJUSTMENT	<input type="checkbox"/> CHANGE OF RATE	<input type="checkbox"/> EXTENSION/REENLISTMENT	<input type="checkbox"/> SCHOOL	<input type="checkbox"/> STAR	<input type="checkbox"/> SCORE	<input type="checkbox"/> SPECIAL PROGRAM
	<input type="checkbox"/> OTHER: (TRANSFER, EXCHANGE OF DUTY, NEW CONSTRUCTION, ETC.)							
	DESIRED TIME FRAME	EARLIEST:		LATEST:				
	CHOICES: 1ST (TYPE/AREA)		2ND (TYPE/AREA)		3RD (TYPE/AREA)			
	REASON FOR REQUEST/AMPLIFYING INFORMATION/OTHER REQUEST:							
	PRIOR TO TRANSFER TO DUTY REQUESTED I WILL ACQUIRE NECESSARY OBLIGATED SERVICE. <input type="checkbox"/> YES <input type="checkbox"/> NO							
	IF COST TRANSFER IS NOT FEASIBLE I WILL ACCEPT TRANSFER AT NO COST TO THE GOVERNMENT. <input type="checkbox"/> YES <input type="checkbox"/> NO							
	DO YOU HAVE ANY OTHER REQUESTS PENDING ACTION IN BUPERS, E.G., FLEET RESERVE, HUMS, SCHOOLS, ETC., <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN ON THE REVERSE SIDE.							
	HAVE YOU PREVIOUSLY SUBMITTED THIS REQUEST <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN ON REVERSE SIDE.							
	<p>PRIVACY ACT STATEMENT: The authority to request this information is contained in 5 USC 301 Departmental Regulations. The principal purpose of the information is to enable you to make known your desires for the various types of duty listed, or some other special assignment consideration. The information will be used to assist officials and employees of the Dept. of the Navy in determining your future duty assignment. Completion of the form is mandatory except for duty and home phone numbers; failure to provide required information may result in delay in response to or disapproval of your request.</p> <p>Signature: _____</p>							
INDIVIDUAL PERFORMANCE DATA	NO. OF DEPNS.	LOCATION OF DEPNS.	LOCATION OF HHG	EDUCATION	CITIZ	CLEARANCE/BASIS	FLAT	
	If last two evaluations were E4 or below enter marks:							
	DATE	PROF PERFORMANCE	MIL. BEHAVIOR	LDRSHIP & SUPV.	MIL. APPEARANCE	ADAPTABILITY		
CO'S ENDORSEMENT	FROM:							
	TO:				DATE: _____			
	VIA:				PERS OFFICE PHONE: _____			
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ELIGIBLE FOR DUTY REQUESTED					
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	RELIEF REQUIRED _____ MONTHS GAP ACCEPTABLE					
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	MEETS SECURITY CLEARANCE REQUIREMENTS <input type="checkbox"/> N/A					
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	SECNAV FIND REQUIRED					
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	HAS CLEAR RECORD (NO NJP) FOR PAST _____ MONTHS AS REQUIRED					
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	RECOMMENDED					
	USE REVERSE IF COMMENT DESIRED:							
MEMBER'S UIC:		SIGNATURE OF COMMANDING OFFICER:						

Figure 2-1.--Enlisted Personnel Action Request.

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NAVPERS 1306/7 (REV. 10-78) (BACK)

BUPERS USE ONLY	<input type="checkbox"/> APPROVED:
	<input type="checkbox"/> ORDERS WILL BE ISSUED FOR TRANSFER IN _____ <input type="checkbox"/> MEMBER AUTHORIZED TO EXTEND ENLISTMENT TO _____ <input type="checkbox"/> MEMBER AUTHORIZED TO REENLIST FOR _____ YEARS. <input type="checkbox"/> PRD ADJUSTED TO _____ <input type="checkbox"/> MEMBER WILL BE ASSIGNED ON A TEMADDINS/PCS BASIS TO _____ SCHOOL <input type="checkbox"/> CLCVN _____ BY SEPAC. <input type="checkbox"/> OTHER _____
	<input type="checkbox"/> DISAPPROVED (LETTER OF EXPLANATION ATTACHED)
	<input type="checkbox"/> RETURNED WITHOUT ACTION:
	<input type="checkbox"/> MEMBER NOT ELIGIBLE FOR DUTY REQUESTED. <input type="checkbox"/> REQUEST NOT IN COMPLIANCE WITH _____
ADDITIONAL INFORMATION:	
<div style="display: flex; justify-content: space-between;"> <div>DATE: _____</div> <div>SIGNATURE: _____</div> <div>PERS NO. _____</div> </div>	

USE THIS SPACE FOR ADDITIONAL COMMENTS

ORIGINATORS RETURN ADDRESS

Figure 2-1.--Enlisted Personnel Action Request--Continued.

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PERSONAL DATA SHEET

1. NAME	_____	_____	_____
	Last	First	MI
2. SSN	_____		
3. RATE	_____		
4. NEC	_____		
5. PRD	_____		
6. EAOS	_____		
7. DATE REPORTED ABOARD	_____		
8. I&I STAFF MAILING ADDRESS & PHONE NUMBER	_____		

9. ACTIVE DUTY BASE DATE	_____		
10. DATE PROMOTED TO CURRENT PAY GRADE	_____		
11. DATE OF BIRTH	_____		
12. HOME ADDRESS	_____		

13. HOME TELEPHONE NUMBER ()	_____		
14. PERSONNEL SUPPORT DETACHMENT MAILING ADDRESS	_____		

15. PSD PHONE NUMBERS	AVN	_____	
	FTS	_____	
	COM	_____	

"PLEASE PRINT OR TYPE"

Figure 2-2.--Personal Data Sheet.

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CHAPTER 3

HEALTH AND DENTAL RECORD MAINTENANCE

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CHAPTER 3

HEALTH AND DENTAL RECORD MAINTENANCE

3000. SECURITY AND MAINTENANCE

1. All health and dental records are for official use only. Adequate security and custodial care is required by Chapter 16 of the Manual of the Medical Department (ManMed) and by NAVMEDCOMINST 6150.1. The minimum custodial and security requirements require these records to be stored in a locked file cabinet. Extra keys are to be held by the Active Duty Staff.
2. Health and dental record covers shall be neat and legible and completed as detailed in enclosure (1) to NAVMEDCOMINST 6150.1. All health and dental record entries shall be made in black ink. Beneath the entries, the signature of the health care provider is required. Beneath this signature the name, grade, rate and social security number of the health care provider must be provided. Health and record sequence shall comply with BUMEDINST 6150.34. (See Figures 3-1 and 3-2 at the end of this chapter.)

3001. VERIFICATION

1. As a minimum, health and dental records shall be verified annually by Medical Department personnel maintaining them. Whenever practical, verification of the records should occur in conjunction with the annual Service Record audit and verification. Additionally, verification shall be performed upon reporting to and upon detaching from the unit as well as during each physical examination. Any errors or discrepancies noted on the SF 600 shall be corrected per ManMed, article 16-18 (7). During each verification, special attention should be given to each of the following:
2. Insure the accuracy, completeness, and legibility of all identifying information entered on the health and dental record jacket and component forms. This check must include verification of the member's name, SSN, designator or MOS/NEC, date and place of birth, sex, grade or rate, and current Next of Kin (NOK) information. All NOK information shall be entered in block 14 of the most current Medical Examination Report (SF 88). Personnel responsible for the member's service record will insure the unit Hospital Corpsman is notified when there is a change in NOK information, or any other emergency data information.
3. Verify the blood group, RH factor, current immunizations, and, if applicable, drug allergies.
4. Verify that all test and examinations, required in ManMed Chapters 15 and 16 and CMC 221800Z Sep 89, have been performed and documented in the health and dental record (e.g., sickle cell, G6PD,

audiogram, blood type and Rh factor, HIV test and most current physical examination).

5. Insure all forms are filed in proper sequence as illustrated in Figures 3-1 and 3-2 at the end of this chapter (BUMEDINST 6150.34).
6. If necessary, update the information in the bottom left section of the inside cover of the health and dental records in pencil. This is the only portion of either record where pencil entries are required and authorized.
7. Enter signed and dated information listing discrepancies found during the verification on the most recent Chronological Record of Medical Care (SF 600) in the health record. NAVMEDCOMINST 6150.1 shall be used as the reference for these verifications.

3002. ALLERGIES AND SENSITIVITIES. All allergies and sensitivities shall be properly recorded on the cover of all health and dental records. Entries shall be made on the Problem Summary List (NAVMED 6150/3), Immunization record (SF 601) and Dental Treatment Record (SF 603). The unit Hospital Corpsman shall provide a list of personnel with allergies to the unit administrative department. This list will include the type of allergy or sensitivity. The administrative section is responsible to produce the allergy identification tag. When this tag is issued to the member, an entry shall be made on the SF 600 in the Health Record. (NAVMEDCOMINST 6150.35).

3003. CHARGE OUT CONTROL CARDS

1. Anytime a health or dental record is removed from the medical space, the charge out card (NAVMED 6150/7) shall be dated and signed by the member. Unless the member is undergoing prolonged consultation or treatment, the health or dental record shall remain out of file for no more than thirty days.
2. When the member transfers from the unit, is discharged or retires, the NAVMED 6150/7 shall be signed out by the member and be maintained alphabetically in the medical transfer file for a period of two years.

3004. TERMINAL DIGIT. Per NAVMEDCOMINST 6150.1 health and dental records shall be filed and maintained according to terminal digit Social Security Number. Under no circumstances will these records be filed alphabetically.

3005. PREPARATION OF FORMS. ManMed articles 16-37 through 16-74 provide step-by-step procedures for preparing and making entries on health record forms, and provide illustrations of properly completed forms. The unit Hospital Corpsman and the Program Nine support corpsmen shall possess a basic knowledge and use of these procedures.

3006. UNIDENTIFIED, LOST, DAMAGED OR DESTROYED RECORDS

1. When treatment forms are lost or damaged, action shall be taken immediately to effect proper disposition. Under most circumstances when a record is found, the member's command can be determined by reviewing the abstract of Service and Medical History (NAVMED 6150/4, or NAVMED 1406) or the Medical Record Transfer Card (NAVMED 6150/7) suspense file. If the command location cannot be determined, the unit Hospital Corpsman shall not send loose forms to the Commandant of the Marine Corps, Bureau of Medicine and Surgery or the MARRESFOR for disposition. Refer to NAVMEDCOMINST 6150.1, enclosure (1) for more information concerning this problem. Assistance may be requested from the administrative department.

2. When a health record is missing, the unit Hospital Corpsman will conduct a thorough search. If it is not found a "Replacement Health Record" shall be opened. The unit Hospital Corpsman must enter a synopsis of the circumstances leading to the loss of the health record. The date the replacement record was established shall be entered on a SF 600 (ManMed 16-27).

3007. RELEASE OF INFORMATION. Information in the health and dental record is personal and is considered privileged. Accordingly, treatment records cannot be released to any person or organization in a manner that will compromise the interests of the individual or those of the federal government. SECNAVINST 5211.5C and ManMed, Chapter 23 prescribe procedures for the release of information from health and dental records. OPNAV 5211/9, Record of Disclosure, shall be used to document information released from treatment records under the Privacy Act of 1974. It then becomes a permanent part of the Health or Dental record.

3008. DENTAL CLASSIFICATION

1. The area on the top right corner of the dental jacket is reserved for dental classification which should be accomplished by the Dental Treatment Facility (DTF). Refer to NAVMEDCOMINST 6150.1, Enclosure (2), Paragraph 2 for more information concerning dental classifications.

2. Each dental record shall be filed with the health record, unless the DTF maintains the dental record.

3. Active duty personnel shall receive an annual Type 2 dental examination and shall not remain in a Class 3 dental status in excess of 120 days, (MCO 6600.2). Attempts shall be made to obtain dental examinations for SMCR personnel during drill weekends or AT periods. Refer to the Manual of the Medical Department, Chapter 6 and NAVMEDCOMINST 6150.1 for further information concerning dental administration.

3009. DENTAL RECORD VERIFICATION. The dental record shall be verified using the same schedule as employed for the health record. An entry documenting this verification (including discrepancies found) shall be made and signed by the Hospital Corpsman performing the verification.

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<u>NAVMED 6100/2</u>	<u>MEDICAL BOARD STATEMENT OF PATIENT.</u> When required. Attached to corresponding NAVMED 6100/1.
<u>NAVMED 6100/3</u>	<u>MEDICAL BOARD CERTIFICATE RELATIVE TO A PEB HEARING.</u> When required. Attached to corresponding NAVMED 6100/1
<u>SF 88</u>	<u>REPORT OF MEDICAL EXAMINATION.</u> (See Chapter 15 MANMED)
<u>SF 93</u>	<u>REPORT OF MEDICAL HISTORY.</u> Attach to corresponding SF 88. (See also Chapter 15 MANMED)
<u>NAVMED 6410/9</u>	<u>ANTHROPOMETRIC DATA RECORD.</u> When required. (Attach to corresponding SF 88)
<u>NAVMED 6120/1</u>	<u>COMPETENCE FOR DUTY EXAMINATION.</u> When required. (See BUMEDINST 6120.20A)
<u>NAVMED 6120/2</u>	<u>OFFICER PHYSICAL EXAMINATION QUESTIONNAIRE.</u> (See Chapters 15-52 MANMED)
<u>NAVMED 6120/3</u>	<u>ANNUAL CERTIFICATE OF PHYSICAL CONDITION.</u> When required (See Chapters 15-54 & 15-84 MANMED)
<u>NAVMED 6150/2</u>	<u>SPECIAL DUTY MEDICAL ABSTRACT.</u> (See Section XIV, Chapter 16 MANMED)
<u>NAVMED 6150/4</u>	<u>ABSTRACT OF SERVICE AND MEDICAL HISTORY.</u> (See Chapters 15-55 through 15-57 MANMED)

Figure 3-2.--Arrangement of Forms, Left Side, Medical Treatment Record--Continued.

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<u>NAVMED 6420/1</u>	<u>REPORT OF ALL DIVING ACCIDENTS.</u> When required. Completion of this form is no longer required, however, maintain previously completed forms.
<u>SF 520</u>	<u>ELECTROCARDIOGRAPHIC RECORD.</u> Baseline and most recent electrocardiogram only
<u>DD 2216</u>	<u>HEARING CONSERVATION DATA.</u> When required. (See OPNAVINST 6260.2, MCO 6260.1C & TB MED 501)
<u>SF 519A</u>	<u>RADIOGRAPHIC REPORTS.</u> Backing sheet for mounting SF 519A
<u>SF 519A</u>	<u>RADIOGRAPHIC REPORT.</u> When completed in conjunction with outpatient (Sick Call) care. Attach to SF 519 in chronological order, most recent on top of each previous report.
<u>SF 515</u>	<u>TISSUE EXAMINATION.</u> When completed in conjunction with outpatient care
<u>SF 545</u>	<u>LABORATORY REPORT DISPLAY.</u> Backing sheet for mounting SF's 546 through 557
<u>SF 546-557</u>	<u>LABORATORY REPORTS.</u> Attach to SF 545 in chronological order
<u>DD 2005</u>	<u>PRIVACY ACT STATEMENT - HEALTH CARE RECORDS.</u> One signed copy by service member in each treatment record.

Figure 3-2.--Arrangement of Forms, Left Side, Medical Treatment Record--Continued.

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CHAPTER 4

HEALTH CARE ADMINISTRATION

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4000. PHYSICAL EXAMINATIONS

1. Physical examinations will be performed as defined in the Manual of the Medical Department, Articles 15-1, 2, and 3. Normally physical examinations are conducted by a physician, but may be performed by a Physician's Assistant if the SF 88 and 93 are countersigned by a physician (NAVMEDCOMINST 6550.05). The results of all physical examinations will be reviewed for accuracy and completeness by the unit Hospital Corpsman or another qualified Hospital Corpsman if the unit Hospital Corpsman is not available. An entry recording this review shall be made in block 73 of the SF 88. The unit Hospital Corpsman shall then notify the unit diary clerk that the physical examination has been completed.
2. The requirements and frequency of physical examinations for Active Duty (AD) personnel are outlined in the Manual of the Medical Department, Chapter 15.
3. The required frequency of physical examinations for SMCR's and attached Naval Reservists is outlined in Manual of the Medical Department, Article 15-28.
4. Information regarding the sources for support in obtaining physical exams is identified in Chapter 5 of this manual and in figure 4-1 at the end of this chapter.
5. During the years when a complete physical examination is not required, an Annual Certificate of Physical Condition (NAVMED 6120/3) will be signed and dated by the Reservist. This form will then be reviewed and countersigned by a Hospital Corpsman (MANMED 15-84).
6. When a reservist performs any voluntary active duty of 30 days or less or any involuntary active duty less than 45 days, a statement as to that reservist's physical condition shall be entered on the SF 600 in the reservist's health record. This statement must be signed by a Hospital Corpsman prior to and upon return from active duty of any type, including schools (ManMed, Chapters 15-28 (a)).

4001. IMMUNIZATIONS. NAVMEDCOMINST 6230.3 sets the policy and defines the procedures to be followed in administering immunizations and managing the disease preventive program. This policy applies to both active duty and reserve personnel.

1. Basic Requirements. Paragraph 3-6, subparagraph 1, of NAVMEDCOMINST 6230.3 identifies who may administer immunizations and vaccines. These personnel will be certified, at a minimum, in basic Cardiopulmonary Resuscitation (CPR). Immunizations will be administered in the presence of a physician or health care provider trained in emergency care. A physician-staffed emergency treatment facility should be no greater than 8 minutes from the immunization site to provide advanced life support for optimum patient survival potential. During all immunization procedures, an emergency cart or appropriately stocked kit will be immediately available. Ensure an ambulance is standing by to transport the patient to the nearest emergency treatment facility if necessary. Individuals will remain under observation for immediate adverse reactions for at least 30 minutes after receiving an immunization. The reservist needs to be instructed to report to medical authorities any unusual reactions that occur within the following 48 hours.

2. Vaccines. Table 3-1 of NAVMEDCOMINST 6230.3 identifies mandatory vaccinations for military personnel. Medical department personnel must be familiar with indications and contraindications for use of specific vaccines and chemoprophylactic medications. The following precautions need to be observed:

- a. HIV infection screening.
- b. Hypersensitivities or allergies.
- c. Immunizing female personnel of child bearing age.

3. Vaccines will be administered as outlined in paragraph 3-9 of NAVMEDCOMINST 6230.3. Vaccine dosages and intervals will be followed as outlined in Chapter 4 and Table 4-1 of this Manual. All immunizations and vaccines administered will be recorded on the SF 601 and PHS Form 731. Written statements from a civilian physician attesting to immunizations with approved vaccines (providing dates and dosages) may be accepted and transcribed to both the SF 601 and the PHS 731. File the PHS 731 on top of the SF 601 in the health record. Give the PHS 731 to individual member as necessary for travel or mobilization drills. Current immunization status is a command responsibility. Compliance with NAVMEDCOMINST 6230.3 is mandatory.

4002. TUBERCULOSIS CONTROL PROGRAM. A Tuberculosis control program shall be conducted as outlined in NAVMEDCOMINST 6224.1. Detailed procedures will be established to insure that Purified Protein Derivative (PPD) skin tests are administered and recorded. All converters need to be identified, and follow-up treatment must be performed. All MARRESFOR personnel shall have a triennial PPD skin test unless otherwise required by assignment to an active duty unit, an exercise, or another duty requirement.

6. To be effective, the tickler file will require periodic attention. New personnel reporting on board will provide a reason for new card generations. Transfers establish the need to remove cards. The removal of the cards from the file also provides the incentive of insuring the health and dental records are carefully reviewed, updated and verified prior to transfer.

4005. TREATMENT OF MILITARY PERSONNEL IN NON-FEDERAL MEDICAL FACILITIES. In view of the relative isolation of some Marine Corps Reserve Centers from Military Treatment Facilities (MTF) or U.S. Public Health Service hospitals approved to treat Marines and Sailors, there may be occasions when the use of civilian facilities is required. In the absence of approved federal facilities, required care can be obtained from civilian sources, or in some cases, from Veterans Administration Hospitals. Prior to allowing treatment in non-federal care facilities, the following conditions must first be met:

1. Emergency Situations. An emergency is defined in NAVMEDCOMINST 6320.1A, as medical treatment of severe life threatening or potentiality disabling conditions which result from an accident or illness of sudden onset. These situations necessitate immediate intervention to prevent undue pain, suffering or loss of life, limb, or eyesight. Emergency situations also include dental treatment to relieve painful or acute conditions.
2. Non-emergency Care. Civilian non-emergency care can only be obtained upon authorization from the Office of Medical Affairs (NAVMEDCOMINST 6320.1A lists the cognizant OMA for your area). Prior approval is required. Unless blanket approval in your area, call OMA at 1-800-876-1131.
3. Requests for Authorization. Requests for authorization are submitted by letter or message to the cognizant OMA. The request shall contain the following information:
 - a. Name, rate/rank, SSN.
 - b. Complete duty station and the address (include leave/liberty status).
 - c. Character and extent of condition. Include initial diagnosis.
 - d. Condition (whether acute or chronic).
 - e. Origin cause of disease or injury.
 - f. Cost.

g. Member's projected rotation date (PRD).

h. The distance to the nearest MTF.

4. Submission and Payment of Claims

a. In order to be reimbursed for services rendered, the member must submit an itemized statement from civilian sources to the unit to which the member is assigned. Certification that the services or supplies were satisfactorily received must be entered on the statement and signed by the member receiving care. The unit Hospital Corpsman should ascertain whether Workman's Compensation, Medical Insurance payments, or third party liability is involved.

b. After the statement has been prepared, the unit Hospital Corpsman shall complete the Statement of Civilian Medical Care (NAVMED 6320/10) with the itemized medical bill in triplicate. The unit Hospital Corpsman shall insure all required sections of the NAVMED 6320/10 are properly completed prior to submission. The member receiving treatment shall sign Block 17, and the unit Hospital Corpsman will sign block 18 of the 6320/10.

5. Blanket Prior Approval. Units within the MARRESFOR may request blanket prior approval for medical and dental bills from their OMA. Refer to NAVMEDCOMINST 6320.1, enclosure (1), paragraph 7a, for more information concerning this procedure.

4006. ADMINISTRATION AND PROCESSING OF HOSPITALIZED MARINES.

MCO 6320.2C lists all military and Veterans Administration hospitals located in the continental United States and designates a specific Marine Corps activity responsible for providing support to hospitalized Marines. When no activity is designated (e.g., when member is hospitalized in civilian hospital), the nearest Marine Corps activity to the medical facility will act as the cognizant command. MCO 6320.2C also publishes instructions for providing prompt and complete administrative assistance to hospitalized Marines.

4007. DECEDENT AFFAIRS

1. The Navy Department Decedent Affairs Program is responsible for active duty members and for reservists attending a drill, Annual Training (AT) or during extended periods of active duty. The program consists of the search, recovery, identification, care and disposition of the remains of deceased persons for whom the Department of the Navy is responsible. On the local level, the Decedent Affairs Program is handled through the nearest Office of Medical Affairs. It is this office that provides guidance and direction in this most sensitive and highly visible program.

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2. In the event of the death of a active duty of reserve military person, the unit Hospital Corpsman may be asked to assist the unit commander in preparing the casualty message as required by MCO 3030.4C. This initial report is to be submitted by priority message. Supplemental messages are authorized when all required information is not initially available.

3. Although the Casualty Assistance Calls program is not a part of the Decedent Affairs Program, it is integrally related. The casualty assistance calls officer assists the Next of Kin with problems surrounding the death (Decedent Affairs Manual NAVMEDCOMINST 5360.1, and MARCORCASPROC MAN MCO P3040.4C). Copies of the civilian death certificate must be obtained and distributed in accordance with these documents. Chapter 17 of the Manual of the Medical Department also addresses this issue.

4008. MEDICAL TREATMENT FOR RESERVE PERSONNEL. Treatment of Navy and Marine Corps reservists should be handled essentially the same as that of an active duty individual if the injury takes place during AT or while enroute to or from the reserve center or drill site. The enroute coverage is determined by the most direct course. In all cases, including travel to and from inactive duty training, insure all command personnel are alerted to the requirement to conduct a JAG Manual Investigation to determine proper entitlements. (See following discussion on Notice of Eligibility (NOE's) in this manual.)

4009. NOTICE OF ELIGIBILITY (NOE). An NOE is a document authorizing medical care and/or incapacitation pay to reservists. SECNAVINST 1770.3 establishes the policy and eligibility criteria for NOE's. MCO 1770.2A provides detailed instructions concerning the administration and submission procedures for the NOE program. Submission of NOE's is an administrative function. NOE packages are sent directly to CMC (RAM-3) with a copy to CG, MARRESFOR (7AA). Questions regarding NOE's should be referred to CMC (RAM-3) or to MARRESFOR (7AA) personnel. Marines are not permitted to drill or to perform periods of active duty while pending or in receipt of a NOE. Hospital Corpsman must coordinate with staff administrative personnel to insure that appropriate strength category code changes are reported on the command unit diary as directed by MCO P1030R.38B.

4010. NOT PHYSICALLY QUALIFIED (NPQ). NPQ determinations are submitted directly to the Chief Bureau of Medical and Surgery (BUMED-2D) via MARRESFOR (G-4 MED). Each request should contain the SF 88 and 93 which indicates a military medical officer found the member not to be physically qualified (NPQ) for retention. In the absence of a military medical officer's findings, documentation from a civilian physician will suffice. All supporting documents

associated with the disqualifying factor need to be included. ManMed Article 15-84 and MCO P1900.16D, paragraph 8407.2 provide guidance. Marines are not permitted to drill or perform periods of active duty while in an NPQ status. They are not allowed to perform drills or active duty while their case is under review. Hospital Corpsman must coordinate with staff administrative personnel to insure appropriate strength category code changes are reported on the command unit diary as required by MCO P1080R.38B.

4011. TEMPORARY NOT PHYSICALLY QUALIFIED (TNPQ). Drill exclusion authority for TNPQ has been delegated to all unit commanders. TNPQ allows the member to be carried on the unit rolls for a period of one to six months in a "not required to drill status" when the member is clearly not physically qualified to return to full duty status within that time. Marines are not permitted to drill or perform periods of active duty while pending or in a TNPQ status. Hospital Corpsman must coordinate with staff administrative personnel to insure appropriate strength category code changes are reported on the command unit diary per MCO P1080R.38B. NPQ packages must be submitted on members who will be unfit to drill for periods in excess of six months.

4012. CREDENTIALING OF HEALTH CARE PROVIDERS

1. OPNAVINST 6320.4 and COMNAVRESFORINST 6320.1 establish policy, procedures, and responsibilities regarding the review of credentials and the granting of health care privileges to health care providers. Enclosure (4) of OPNAVINST 6320.4 addresses Naval Reserve Health Care Providers.
2. The Bureau of Medicine and Surgery requires that all health care providers (medical officers, dental officers, some MSC officers and Nurse Corps officers) who are involved in managing direct patient care, be credentialed by the Centralized Credentialing Activity before they can assume provider responsibility.
3. Once a medical officer completes the credentialing process, he is granted privileges to provide care by his Commanding Officer, Operational unit CO, Field Unit CO or Medical Treatment Facilities (MTF) CO. It is the responsibility of each health care provider to submit all appropriate credentialing information to the Centralized Credentialing Activity upon request. This process must be completed far enough in advance to avoid complications during AT. Failure to do so may result in revocation of privileges and eligibility to provide care.

4. SMCR Commanding Officers or the Officer Conducting the Exercise (OCE) may grant privileges, suitable for care in the field, to medical officers. An example of such an authorization is provided in figure 4-3.

4013. HEARING CONSERVATION PROGRAM

1. Audiograms are required upon entrance and separation from the Marine Corps. Periodic audiograms are required on personnel continually assigned to work in a "noise hazardous" environment. These personnel shall have an audiogram after the first three months of exposure and annually thereafter.
2. Noise hazardous areas are areas where an individual is exposed to sound levels of 84 DBA or greater, as identified by a Noise Hazard Survey performed by an industrial hygienist.
3. Audiometric test facilities are available at most MTFs. They should be scheduled during drill weekends or AT periods. To facilitate testing, it may be necessary to have the unit Hospital Corpsman trained and certified as an audiometric technician. MTF Occupational Health Services and Naval Environmental Preventive Medicine Units have information concerning this certification.
4. Each member shall have on file in the health record a DD 2215 (Reference Audiogram). For further guidance concerning the Hearing Conservation Program, refer to MCO 6260.1C.

4014. CIVILIAN HEALTH AND MEDICAL PROGRAM OF THE UNIFORMED SERVICES (CHAMPUS). The unit Hospital Corpsman may be called upon to assist staff members in obtaining health care for their dependents. CHAMPUS helps share the cost of covered civilian medical care for members of service families, military retirees and their dependents when care is not available at military treatment facilities. CHAMPUS cost shares most treatment medically necessary; most doctor bills for inpatient and outpatient care that is medically necessary; most hospital bills for a semi-private room, diagnostic tests and treatment; and most medical supplies or equipment such as artificial limbs or wheel chairs, and prescriptions.

1. Most catchment areas require a non-availability statement from the MTF Commander to use CHAMPUS for inpatient care and some outpatient care.
2. A handy reference of the CHAMPUS system is the CHAMPUS HANDBOOK (CHAMPUS 6010.46-H.) Every member of the Active Duty staff should have this booklet. If the unit Hospital Corpsman is uncertain with any aspect of CHAMPUS, the Health Benefits Administrator (HBA) at the nearest military treatment facility must be contacted.

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1. Organic Marine Support Medical Units (4th MARDIV, 4th FSSG, 4th MAW).	Same geographical area but unit may not be at collocated RESCEN.	BN Surgeon 4th MAW MED CO or unit* Hospital Corpsman	BN Surgeon may have multiple sites/companies that he would be responsible for with limited time available and travel funds.
2. 4th FSSG Medical and Dental Battalion components at MARCORESCEN.	Various, but may be at collocated RESCEN.	Company Commander or unit Hospital Corpsman	4th FSSG components have the majority of the medical department assets for the 4th MARDIV and 4th MAW Team Support.
3. Naval Reserve Center utilizing local medical department personnel or units.	May or may not be at collocated with RESCEN.	NAVRESCENMDR	Some NAVRESCEN have inadequate physicians assigned due to current drilling options.
4. Active Medical Treatment Facility (hospital or clinic) by active staff.	Various, but may be collocated with the RESCEN.	Hospital/clinic RLO	Some facilities may have excess capacity periodically for individual physical examinations when further medical study may be indicated. May be during the week.
5. Active Medical Treatment Facility (hospital or clinic) as a site for reserve physicians by reserve physicians.	Various, but may be collocated with the RESCEN.	Hospital/clinic RLO	Some active facilities have spaces set aside for Reserve utilization on weekends. Complete physicals are thereby possible.
6. IMA/PRIMUS physicians detailed back under REFLEX (hour-by-hour).	Various, but may be collocated with the RESCEN.	NAVRESREDCEN CO/PRIMUS OIC	Contact with physicians in IMA or PRIMUS units may result in physicians who desire to contribute in a flexible manner. Two hours to do physicals may be acceptable when an entire weekend is not. (Authorized by COMNAVRESFORINST 1570.9B.

Figure 4-1.--Matrix of Physical Examination Sources.

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7. Other service Medical Treatment Facility (hospital or clinic) by Naval Reserve teams.	Various, but may be collocated with the RESCEN.	Administrator of the other service facility or CO of local Naval Reserve unit that may use the facility	Other service facility utilization is a current DOD issue to increase utilization across the services.
8. Veterans Administration Hospital by Naval Reserve teams or VA personnel or a combination of both.	Various, but may be collocated with the RESCEN.	Administrator of the VA facility with RESCEN	The VA has procedures for interservice support agreements with the services. Some Naval Reserve units receive physician assistance from the VA while their enlisted and officer nursing staff augment the VA hospitals Nursing Service as mutual support.
9. Individual Ready Reserve physicians.	Various, but may be at collocated with the RESCEN.	NRPC Code 12	Local voluntary IRR physicians can be ordered to the MARCORESCEN by NRPC for medical or dental professional services (physical examinations). Authorized by BUPERSINST 5400.42F. Geographical areas needing this type of support must be identified to permit targeted mailing by zip code to local IRR physicians to solicit volunteers.
10. Military Entrance Processing Status (MEPS).	Various, by may be collocated with the RESCEN.	MEPS CO or OIC	Many entrance or recruiting physicals come under the responsibility of the MEPS.

Figure 4-1.--Matrix of Physical Examination Sources --Continued.

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11. On Annual Training (AT).	At the school, base or exercise site.	Exercise, school or base commander	Problem during AT with lost training time, class disruption, exercise delays, etc. Without advanced planning, not a good option.
12. On exercise by medical component (4th MARDIV, 4th FSSG, 4th MAW).	At the exercise site.	Exercise commander and the medical officer for the exercise	Exercises should involve the medical elements. With advance planning, those Marines needing physical examinations could be tagged as casualties, evacuated and given their physicals as a part of the medical triage and exercise.
13. By contract Navy.	May or may not be at collocated RESCEN.	NAVRESCEN CO/MDR	Small numbers may be able to be absorbed by the Navy contract.
14. By contract Marine Corps.	Regional or at one MARCORESCEN.	Unit Commander	The last option.
15. Naval Reserve physicians on REFLEX drills.	Private office.	RESCEN MDR or unit commander	Proposal currently under review as an option. Result could be physicians in civilian office for drill credit and no fees for service.

* Legend:

IMA	Individual Mobilization Augmentee
PRIMUS	Physician Recruiting in Medical Schools and Universities
REFLEX	Reserve Flexibility
MDR	Medical Department Representative (HM)
CO	Commanding Officer
RLO	Reserve Liaison Officer
OIC	Officer In Charge
NRPC	Naval Reserve Personnel Center

Figure 4-1.--Matrix of Physical Examination Sources--Continued.

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TICKLER CARD

NAME		SSN	DATE OF BIRTH		RANK									
BLOOD TYPE	RH	HOME ADDRESS/PHONE												
ALLERGIES/SENSITIVITIES			UNIT											
	TETANUS	TYPHOID	PPD	YELLOW	FEVER	DENTAL	EAR PLUGS	EYE GLASSES	ANNUAL/ TRIENNIAL PHYSICAL EXAM	HIV TEST	ANNUAL CERTIFICATE	HEALTH RECORD VERIFIC.	HEARING	CONSERV. MEDICAL ALERT TAG ISS
JANUARY														
FEBUARY														
MARCH														
APRIL														
MAY														
JUNE														
JULY														
AUGUST														
SEPTEMBER														
OCTOBER														
NOVEMBER														
DECEMBER														

MARRESFOR 6/6150/1S

Figure 4-2.--Tickler Card.

SOP FOR MEDICAL

From: CO, SMCR Unit
To: CDR J. Doe, MC, USNR

Subj: MEDICAL PRIVILEGES FOR EXERCISE SHINING SWORD

Ref: (a) Credentialing Msg (APPENDIX N-NAVMEDCOMINST 6320.8)

1. Per my review of the reference, you are granted medical privileges to perform routine medical duties of a general practitioner. This includes maintaining the medical welfare of personnel within this organization; diagnosing and treating patients suffering from diseases and disorders; conducting routine medical examinations; examining personnel for organic and functional diseases and abnormalities, using standard tests and procedures; supervising technical personnel in conducting routine laboratory procedures and tests; conducting routine medical inspections of the unit; training enlisted personnel in first aid and sanitation; and establishing first aid stations for emergency treatment.

J. J. OFFICER

SOP FOR MEDICAL

CHAPTER 5

TRAINING AND TRAINING SUPPORT

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CHAPTER 5

TRAINING AND TRAINING SUPPORT

5000. FIRST AID TRAINING FOR MARINES. The unit Hospital Corpsman is required to train Marines in accordance with the first aid requirements of Section 16 of the United States Marine Corps Battle Skills Training/Essential Subjects Handbook (MCO P1500.44B). This training is a primary requirement for all Marines. Further explanation of first aid, patient evacuation, field sanitation and water purification training is located in section 10 of the Health Service Support Manual (FMFM 4-50). Additionally, all Marines shall receive an annual Venereal Disease lecture (SECNAVINST 6222.1), a Prevention of Heat Injuries lecture (MCO 6200.1), Prevention of Cold Injuries lecture (MCO 3470.1) and a lecture concerning the payment of Non-Federal Medical Bills. All Marines should also receive additional training in CPR procedures. Supplementary resources can be used to enhance training can be found in the publications listed in enclosure (3) of MCO 6700R.1M.

5001. UNIT HOSPITAL CORPSMAN TRAINING

1. Training Location. If the MARRESFOR unit is located within a convenient distance from a Naval Medical Facility which has a training program, the unit Hospital Corpsman should participate in this program. For those units not conveniently located near a Naval Medical Facility, the unit commander should encourage the unit Hospital Corpsman to participate in Navy correspondence courses.

2. CPR Instructor. All units shall have their unit Hospital Corpsman trained in Cardiopulmonary Resuscitation (CPR). When possible, the unit Hospital Corpsman should be certified as a CPR instructor. Many local civilian hospitals, the American Heart Association and the American Red Cross sponsor CPR Instructor training. Having a trained CPR instructor can make the unit self sustaining by having that corpsmen train all Marines in CPR on a timely schedule, at the site.

3. Health Benefits Advisor (HBA). Messages containing published schedules of HBA training at OCHAMPUS, Denver, CO are readdressed to Active Duty Staffs. Having a trained part-time HBA at the local site is beneficial in providing assistance concerning CHAMPUS issues.

5002. RESERVE MEDICAL SUPPORT FOR SMCR TRAINING

1. ForO 1540.3 and COMNAVRESFORINST 1540.10B establishes policy and outlines responsibilities for Naval Reserve training support for the Selected Marine Corps reserve. A thorough understanding of these directives is imperative in ensuring adequate support and understanding of command relationships.

2. When requesting Naval Reserve support for training evolutions (drills, ATs, etc.) or MORDTs, it is essential that requests be submitted in writing to the supporting Naval Reserve Activity. Enclosure (11) of ForO 1540.3 and COMNAVRESFORINST 1540.10B provide the prescribed format for requesting support. Requests for Naval Reserve support should be forwarded to the Naval Reserve Activity, via the chain of command, six or more weeks prior to the planned activity. (figure 5-1 contains a sample request.)
3. If the Naval Reserve Activity cannot support the request, resubmit to the servicing Naval Regional Readiness Command. If, after all local attempts to obtain required support have failed (i.e. written requests were officially denied and personal communications with key personnel were unfruitful), the matter should be brought to the attention of MARRESFOR (G4 MED). Alternatively, the unit may request from MARRESFOR (Compt) funding for the services of a contract physician if military support is simply not feasible.

5003. TRAINING SUPPORT FROM CIVILIAN CONTRACT PHYSICIANS

1. Authorization

- a. The use of civilian physicians to conduct physical examinations for SMCRs and Program 9 personnel attached to the SMCR unit is authorized per Chapter 10, Manual of the Medical Department. This authorization is subject to the limitation of available funds and to the approval of the MARRESFOR (Compt). Approval is normally granted in areas where no military or uniformed services medical officers are available. The purpose of this program is to provide information relative to the physical and weight control examinations at Marine Corps Reserve Centers or at the physicians office, when no military medical officer, active duty or reserve, is available.
- b. Requests for additional funds to utilize the services of a civilian physician must be forwarded to MARRESFOR (Compt), via (G-4 MED), for approval. Figure 5-2 provides a sample request.
- c. The use of civilian physicians is intended to supplement, rather than to replace the services of Naval or other uniformed services physicians. If a uniformed services Medical Officer becomes available, the use of civilian physicians for the performance of physical examinations must be discontinued. Requests will contain justification and a statement that the physician to be utilized is qualified and fully cognizant of the purpose of the examination and understands the physical standards for each type of examination as outlined in Manual of the Medical Department Chapters 15 and 16.
- d. If facilities are available at the reserve center, complete the SF 88 and 93 as much as possible.

e. Examination of members or applicants for the Army, Air Force or Naval Reserve components (excluding Program 9 assets) by civilian physicians contracted by Marine Corps under the above guidelines are not authorized and are not to be conducted. All necessary clerical assistance will be provided by the unit Hospital Corpsman or the Marine Corps Reserve Center staff. The unit Hospital Corpsman shall ensure the SF 88 and 93 are filled out accurately. He will complete and sign a statement to this effect on the SF 88.

5004. TRAINING OF PROGRAM 9 MEDICAL PERSONNEL

1. Operational Control of Program 9 Personnel. As stated in ForO 1540.3 and COMNAVRESFORINST 1540.10B, the Commanding General, MARRESFOR exercises operational control (through his subordinate commanders) by scheduling and conducting training, assigning AT dates and locations and other tasks appropriate to command.

2. Reserve Standard Training Administration and Readiness Support (RSTARS) Individual Training Plan (ITP). This document provides Program 9 billet descriptions and specific elements of training and/or experience needed for mobilization. The SMCR commander is responsible for ensuring these training requirements are met. Cooperation is required between Active Duty Staff, the SMCR commander, the supporting Naval Reserve Unit Commanding Officer and the Naval Reserve Center Commanding Officer in coordinating this required training. The MARRESFOR does not possess the necessary facilities for the Program 9 reservists to complete all elements of this training. Where ITP training requirements conflict with the SMCR drill and AT support schedules, the unit commander should request Hospital Corpsman assistance from the supporting Naval Reserve Activity. (It is also important to remember that Program 9 reservists are authorized up to 12 additional pay drills specifically for the completion of medical training.

5005. PHYSICAL READINESS FOR TRAINING

1. Marine Physical Fitness and Weight Control. Although physical fitness and weight control are command programs, certain aspects of these programs fall within the Medical Department Representative's responsibilities. The unit Hospital Corpsman shall coordinate the evaluation of obese individuals to rule-out underlying or associated disease processes. A Medical Officer will determine weight reduction goals, diets and exercise programs. This information should be provided to the unit along with progress reports of members who fail to comply with the requirements of the basic directive. A provision for nurse practitioners and physician assistants to be included as individuals authorized to evaluate Marines for assignment to the weight control and military appearance programs has been implemented. (Refer to MCO 6100.10A.)

2. Navy Physical Readiness. OPNAVINST 6110.10 provides testing and administrative procedures for conducting the physical readiness test for Navy personnel. Every member must strive to achieve and maintain the highest standard of physical readiness. Members failing to achieve standards are a detriment to the readiness and sustainability of the Navy and the Marine Corps.

3. Navy Personal Excellence Program. The Navy's physical readiness standards are designed to support and to enhance the physical readiness of all personnel. They are an integral part of the Navy's Personal Excellence Program and include the following elements: weight and fat control, nutrition, education, smoking cessation and prevention, high blood pressure identification, stress management, alcohol and drug abuse prevention, low back injury prevention, and physical fitness/exercise.

4. Risk Factor Questionnaire. Physical readiness training is a complete conditioning program which develops and maintains the flexibility, cardiorespiratory condition and muscular strength and endurance needed to perform routine and emergency tasks. All Navy personnel participating in the Navy Physical Readiness Training or the Marine Corps Physical Fitness Test will complete the Risk Factor Questionnaire 10-12 weeks before taking the PRT/PFT. A "YES" response to any question will require the member to have medical officer clearance before participating in a PRT/PFT. Members assigned to U.S. Marine Corps commands who pass the USMC Physical Fitness Test will satisfy the testing requirements of OPNAVINST 6110.10.

SOP FOR MEDICAL

COMMAND LETTERHEAD

6120
(Date)

From: Unit Commander, Company D, 28th Marines, Anywhere, U.S.
To: Commander, Naval Reserve Readiness Command, Region Fifty,
P. O. Box 00, Naval Air Station, Rib, KY 22222-0022

Subj: MEDICAL SUPPORT FOR PHYSICAL EXAMINATIONS OF SELECTED MARINE
CORPS RESERVE PERSONNEL

Ref: (a) ForO 1540.3/COMNAVRESFORINST P1540.10B

1. Per the reference, Naval Reserve training support for the
training of this unit is requested below:

DRILL DATE	LOCATION	TYPE TRNG	NO PHYSICAL	PERS REQD
2-3 MAR 90	MARCORESCEN	PHYSICAL EXAMINATIONS	20	1 MO
5-6 JUN 90	CAMP IT	MARKSMANSHIP TRAINING	0	2 HM
10-11 SEP 90	MARCORESCEN	PHYSICAL	20	1 MO

2. This unit is unable to conduct physical examinations for Selected
Marine Corps Reserve personnel with current staffing.

3. Your center normally provides this support.

4. Written response is requested.

5. Point of contact is: HMC Smith, Coml: (999) 919-1111.

A. B. DOE

Copy to:
MARRESFOR (G-4 MED) New Orleans, LA

SOP FOR MEDICAL

COMMAND LETTERHEAD

6120
(Date)

From: Unit Commander, Company D, 28th Marines
To: Commanding General, Comptroller, Marine Reserve Force,
New Orleans, LA
Via: (1) Inspector-Instructor, HQ Battalion, 28th Marines, Bone, KY
(2) Commanding General, Marine Reserve Force (4Med)

Subj: CONTRACT PHYSICIAN SUPPORT FOR PHYSICAL EXAMINATIONS

Ref: (a) Phoncon btwn HMC Smith (Bone KY) and HMC Steve
(G-4 MED) of 31 Feb 1999

Encl: (1) CO, Bone KY ltr 6120 of 14 Feb 90
(2) Commanding Officer, NMCRTC, Bone, KY ltr 6120 Code 01 of
18 Feb 90
(3) CO, Bone, KY ltr 6120 of 20 Feb 90
(4) Naval Reserve Readiness command Region Fifty (REDCOM 50)
ltr 6120 of 23 Feb 90

1. Per the reference, enclosures (1) through (4) are submitted for your review. This unit has attempted to obtain physician support from local military sources. They have been unable to support our requirements as requested.

2. The inability of this unit to rely on the local Naval Reserve center and REDCOM 50 for consistent and reliable physician support necessitates that this unit be authorized to use a contract physician.

3. The local Veterans Administration Hospital is located about 125 miles from this training center. The nearest military hospital (Army) is located approximately 200 miles away. Neither source is acceptable or feasible.

4. A physician located in the local area, Dr. I. B. Good, is willing to do a complete physical on SMCR personnel with EKG and Lab test for \$130.00 per physical. This physician would be required to do physical examinations two (2) drill days per quarter, and ten (10)

physical examinations would be performed during that time. These physical examinations would come to \$1,300.00 per quarter, with a total cost of \$5,200.00 per fiscal year.

Figure 5-2.--Sample Format for Requesting Contract Physician Support.

SOP FOR MEDICAL

5. Favorable endorsement of this request is necessary in order to maintain our mobilization readiness, as well as to meet our training requirements.
6. Point of contact this Command is HMC Smith, Coml: (999) 919-1111.

A. B. DOE

SOP FOR MEDICAL

CHAPTER 6

COMMAND INSPECTION PROGRAM (CIP)

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SOP FOR MEDICAL

CHAPTER 6

COMMAND INSPECTION PROGRAM (CIP)

6000. INSPECTIONS. The unit Hospital Corpsman is responsible to the unit commander for the operation and readiness of the medical department. In a random, unannounced pattern, an examination of the medical department will take place to assess the unit's readiness. These evaluations should enable the unit commander and the Commanding Officer to determine the capability of the command to accomplish its assigned mission. Formal inspections are held to a minimum to allow subordinate commanders to devote time and effort to meaningful training.

6001. MORDT/CGI. The MORDT/CGI is a MARRESFOR inspection program that is designed to assess the mobilization readiness of a SMCR unit. It also should determine the unit's ability to move from the reserve center to the Site of Initial Assignment (SIA). When a MORDT/CGI is conducted, the unit must accomplish all requirements to mobilize. These requirements may include physical examinations as required by the Manual of the Medical Department. On a MORDT/CGI and GO the unit completes processing in the reserve center and then moves to a simulated SIA. On a MORDT/CGI and STAY the unit completes processing and remains at the training center. All MARRESFOR units are subject to MORDT/CGI inspections. Announcement of a MORDT is made by message to the unit 72 hours prior to required mustering of SMCR personnel. ForO 5041.3 and the MARRESFOR Mobilization Plan provide specific details on this program. A Medical Department Representative assigned to MARRESFOR will be part of any MORDT/CGI.

6002. PREPARATION FOR MEDICAL CGI/MORDT. The unit Hospital Corpsman should review ForO 5041.3 and the following information to prepare for a Medical CGI.

1. For MARRESFOR units, the message announcing the MORDT/CGI should be received approximately twenty-four hours prior to the arrival of the inspectors.
2. At the time of notification, Naval Reservists who normally drill with the MARRESFOR unit shall be notified. The presence of a physician is not an absolute requirement, unless the physician is assigned to the Program Nine unit being inspected.
3. During all MORDTs, MARRESFOR units will receive a Medical CGI inspection.
4. The unit Hospital Corpsman should have the following instructions, publications and information available for the Medical Inspectors:

- a. A current alphabetical roster of the SMCR and Active Duty Staff personnel on board. The roster will include each person's blood type and Rh factor. Personnel with allergies shall also be included on this roster.
- b. Manual of the Medical Department (ManMed P-117).
- c. MCO 6700R.1M - Class VIII Material for Marine Corps Reserve Centers.
- d. ForO 1540.3/COMNAVRESFORINST 1540.10B - Naval Reserve Support to the Selected Marine Corps Reserve.
- e. NAVMEDCOMINST 6150.1 - Health Care Treatment Records.
- f. MARRESFOR Medical Guide or Medical SOP.
- g. All MARRESFOR Medical Newsletters for preceding two years.
- h. BUMEDNOTE 6120 of 13 Mar 90 - Physical Examinations for ACPU Personnel.
- i. Books and publications listed on enclosure (3) of MCO 6700R.1M.

6003. MEDICAL ASSIST VISITS. Personnel from MARRESFOR, G-4 Medical are available for Medical Assist Visits upon request by letter or message from the unit commander. Ideally, assistance should be requested if a billet has been gapped for a period of time exceeding one month, or anytime the Hospital Corpsman or unit commander feels a need to assess the status and direction of the Medical Department. The assistance visit will consist of a thorough review of health records, record keeping procedures, reference material, training programs, and an inventory of medical supplies and equipment. Suggestions for correcting deficiencies will be offered. If assistance visits are requested for the purpose of identifying problem areas prior to a scheduled inspection, it is important that enough time is allowed to correct identified problems. A minimum of three months is recommended.

SOP FOR MEDICAL
COMMANDING GENERAL'S INSPECTION MEDICAL

DATE: _____

Unit Inspected:
CGI Inspectors:

SUBJECT

GRADE

1. MEDICAL

2. DENTAL

Figure 6-1.--CGI Medical/Dental Checklist.

SOP FOR MEDICAL

HEALTH RECORDS
(500)

Unit Inspected: _____
 Date Inspected: _____
 Inspectors: _____
 Unit Strength: ACDU SMCR

YES NO N/A

1. Are health records accountable for all personnel ?
 (MANMED Article 16-18 (1))

2. Were health records afforded adequate security?
 (MANMED Article 16-18 (2) and ForO P6000.1 par 3000)

3. Were health records filed utilizing terminal digit
 SSN filing procedures? (NAVMEDCOMINST 6150.1, encl (6)
 and ForO P6000.1 par 3004)

4. Has a member of the medical department been designated
 in writing as the command's Health and Dental Record
 Program Administrator? (NAVMEDCOMINST 6150.1, par 5c(1))

5. Was documentation of annual assessments, corrective
 action planned, and progress reports maintained by the
 health record administrator.
 (NAVMEDCOMINST 6150.1, par 5.C (3))

6. Were the health record jackets properly prepared?
 (NAVMEDCOMINST 6150.1, encl (1), par 2)

7. Was verification data documented on forms contained
 in the health record and on the cover including inside left
 lower portion. (Information contained in the inside left lower
 portion must be entered in pencil). (NAVMEDCOMINST 6150.1,
 encl (1), par 7 (1))

8. Were annual verifications properly performed with
 discrepancies noted on the SF 600 in the health record?
 (NAVMEDCOMINST 6150.1 and ForO P6000.1, par 3001)

Figure 6-1.--CGI Medical/Dental Checklist--Continued.

SOP FOR MEDICAL

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
9. Was arrangement of forms in the health record per the instruction? (BUMEDINST 6150.34, encl (3), IAW COMNAVMEDCOM WASH DC 061745Z AUG 87 and ForO P6000.1, par 3000)	_____	_____	_____
10. Was the chargeout control system for managing health records used? (NAVMEDCOMINST 6150.1, encl (2), par 5)	_____	_____	_____
11. Is there a system for tracing overdue health records? (NAVMEDCOMINST 6150.1, encl (1), par 5 and MANMED Article 16-27)	_____	_____	_____
12. Was a proper record of transfer maintained upon transfer of the servicemember? (ForO P6000.1, par 3003)	_____	_____	_____
13. Was the record of Disclosure (OPNAV 5211/9) used and properly filed in the members health record? (NAVMEDCOMINST 6150.1, encl (1), par 9 and ForO P6000.1, par 3007)	_____	_____	_____
14. Were health records of Personnel Reliability Program personnel identified in accordance with the instructions? (MANMED Article 16-2 and MCO 5510.7 SERIES)	_____	_____	_____
15. Were Problem Summary forms (NAVMED 6150/20) properly maintained with G6PD, sickle cell trait, blood type, RH factor, allergies, sensitivities (if any) and health problems identified? (NAVMEDCOMINST 6150.1, Encl (1))	_____	_____	_____
16. Were sensitivities and/or allergies properly recorded in the health and dental records which includes proper identification an "X" (black ink) in the alert box on the cover of the health and dental jacket, entry on the Problem Summary Form (NAVMED 6150/20), the Immunization Record (SF 601) and the Dental Treatment Form (SF 603) in the dental record? (MANMED Article 16-50 and NAVMEDCOMINST 6150.1, Encl (1))	_____	_____	_____
17. Had the Medical Department met its responsibility with regard to the ordering of medical warning tags, and was a list of individuals on file in Medical and Admin? (NAVMEDCOMINST 6150.2 and ForO P6000.1, par 3002)	_____	_____	_____
18. Was an entry recorded on the Chronological Record of Medical Care (SF 600) identifying the issue of the allergy identification tag to the member? (ForO P6000.1, par 3002)	_____	_____	_____

Figure 6-1.--CGI Medical/Dental Checklist--Continued.

SOP FOR MEDICAL

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
19. Does the accuracy and completeness of entries in the health records make them questionable for the purpose intended? (MANMED Article 16-1)	_____	_____	_____
20. Was an entry concerning Line Of Duty/Misconduct made in the health record on personnel who had incurred an injury which might result in permanent disability of which resulted in physical inability to perform duty for a period exceeding 24 hours? (MANMED Article 16-45 (2))	_____	_____	_____
21. Were signatures of health care providers made in accordance with the instruction, and all dates recorded on component forms of the health record entered using the proper format? (MANMED Article 16-2 (2))	_____	_____	_____
22. Are complete physical exams being conducted and according to their specific periodicity. (MANMED Article 15-9 (1), (2) and (3), Article 15-11 (1) and NAVMEDCOMINST 6120.4 SERIES)	_____	_____	_____
23. Were physical exams which required special studies or a consultation being tracked to completion? (MANMED Article 15-9 (1))	_____	_____	_____
24. When a reservist is found NPQ or when doubt exists as to the member's physical qualification was a physical determination package submitted to BUMED? (MANMED Article 15-28 (1) (e) (1) and ForO 1900R.1, par 3 (a) and (b))	_____	_____	_____
25. Were physical examinations, when performed by a physician's assistant, reviewed by and countersigned by a Medical Officer? (NAVMEDCOMINST 6550.5)	_____	_____	_____
26. Were physical examinations for diving personnel conducted IAW Directives? (MANMED Article 15-66)	_____	_____	_____
27. Were fitness for duty examinations conducted IAW directives? (MANMED Article 15-21 and BUMEDINST 6120.20 SERIES)	_____	_____	_____
28. During the years that a complete physical examination was not required, was the annual certificate of physical condition (NAVMED Form 6120/3 REV 6-91) completed? (MANMED Article 15-28)	_____	_____	_____
29. Was appropriate action taken when a reservist answered "YES" to any question on NAVMED 6120/3 REV 6-91? (MANMED Article 15-28)	_____	_____	_____

Figure 6-1.--CGI Medical/Dental Checklist--Continued.

SOP FOR MEDICAL

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
30. Was certification as to physical fitness entered in the SMCR's health record prior to AT and upon release from AT? (MANMED Article 15-28)	_____	_____	_____
31. Were entries (NAVMED 6150/2) concerning physical qualifications, special training and periodic examinations of Force Recon, Spec Warfare and Aviation personnel properly recorded on the special duty medical abstract? (MANMED Article 16-59)	_____	_____	_____
32. When a separation from active duty physical is utilized for accession into the unit is there an updated SF93 signed by a Health Care Provider or the senior medical department representative? (MANMED Article 15-28, (1) (f), (2) and (3).)	_____	_____	_____
33. Were blood grouping and typing properly recorded in the health record? (MANMED Article 16-47 and NAVMEDCOMINST 6150.1, encl (1), par 3)	_____	_____	_____
34. Is there a roster of unit personnel with their blood type and RH Factor? (ForO P6000.1, par 2006)	_____	_____	_____
35. Is documentation available in the health record proving that personnel having a visual acuity of 20/40 or worse have been issued gas mask inserts (GMIs), and that personnel in a special category such as drivers with a visual acuity worse than 20/20 were issued GMIs? (MANMED Article 15-7, NAVMEDCOMINST 6810.1 and ForO P6000.1, par 8003)	_____	_____	_____
36. Is there a roster of unit personnel who require gas mask inserts readily available? (ForO P6000.1, par 8003)	_____	_____	_____
37. Did the abstract of service (NAVMED 6150/4) reflect the current duty station, annual training, active duty for training and/or provide a medical history for each admission to the sicklist? (MANMED Article 16-55, 16-56)	_____	_____	_____
38. Were HIV antibody test performed as required and properly recorded per current directives? (SECNAVINST 5300.30A and ForO P6000.1, par 9001)	_____	_____	_____
39. Was HIV testing recorded in REMMPS? (ForO P6000.1 par 9001)	_____	_____	_____
40. Do hospital corpsmen who perform venipuncture for HIV and other diagnostic testing have written authorization from the I-I? (ForO P6000.1, par 9001)	_____	_____	_____

Figure 6-1.--CGI Medical/Dental Checklist--Continued.

SOP FOR MEDICAL

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
41. When a waiver was requested for physical defects found during a physical examination, was there a copy of BUMED/CMC waiver REC/Approval in H/R and on the problem summary sheet and abstract of service? (MANMED Article 15-74)	_____	_____	_____
42. Were the conduct of contact investigations, management of tuberculin reactors, or management of suspected cases of tuberculosis properly followed-up? (NAVMEDCOMISNT 6224.1 and ForO P6000.1, par 4002)	_____	_____	_____
43. Were tri-annual PPDs conducted with results properly recorded on the SF-601? (NAVMEDCOMINST 6224.1 and ForO P6000.1, par 4002)	_____	_____	_____
44. Were valid reference audiograms (DD-2215) on file in the health record of all military personnel? (29 CFR 1910.95, ForO P6000.1, par 4013 and NAVMEDCOMINST 6150.1, Encl 1 par 3B)	_____	_____	_____
45. Were monitoring hearing tests and/or appropriate follow-up being conducted when required? (29 CFR 1910.25 and ForO P6000.1, par 4013)	_____	_____	_____
46. Did health records of deploying personnel contain a separate SF 600 noting the date of initiation and the date of proposed completion of "terminal prophylaxis", for malaria to include amount and type of medication when required? (NAVMEDCOMINST 6230.2.)	_____	_____	_____
47. Had appropriate medical board evaluations been made on individuals suffering an attack of malaria characterized by a severe hemolytic reaction? (NAVMEDCOM 6230.2)	_____	_____	_____
48. Were routine screening physicals for messmen entered in the health records? (NAVMED P-5010, Chapter 1, Article 67)	_____	_____	_____
49. Was cholesterol testing being completed as required? (ALNAV 067/89 and MANMED Article 15-9 (1) (c))	_____	_____	_____
50. Were annual PAP smears, pelvic examinations, and manual breast examinations being provided to female personnel as required? (MANMED Article 15-9)	_____	_____	_____
51. Are screening mammography for female personnel after the age of 35 being done during required physical examination? (MANMED Article 15-9)	_____	_____	_____

Figure 6-1.--CGI Medical/Dental Checklist--Continued.

SOP FOR MEDICAL

- | | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|--|------------|-----------|------------|
| 52. Are individual care plans being formulated for personnel with documented adverse/abnormal findings of prescribed testing? (ALNAV 067/89) | _____ | _____ | _____ |
| 53. Were personnel receiving occupational exposure to ionizing radiation being monitored or receiving medical examinations as required by instructions? (NAVMED P5055) | _____ | _____ | _____ |

GENERAL

- | | | | |
|--|-------|-------|-------|
| 54. Was the Inservice Training Program implemented and training held utilizing qualified instructors? (NAVMEDCOMINST 1500.8) | _____ | _____ | _____ |
| 55. Were lesson plans and training guides developed, used, and on file? (NAVMEDCOMINST 1500.8) | _____ | _____ | _____ |
| 56. Were training records kept on each hospital corpsman and dental technician? (NAVMEDCOMINST 1500.8) | _____ | _____ | _____ |
| 57. Was a roster and course title of completed training kept by the office maintaining service records for entry on NAVPERS 1070/604 upon transfer? (NAVMEDCOMINST 1500.8) | _____ | _____ | _____ |
| 58. Was training being conducted regarding the nature/danger of sexually transmitted diseases and the principles/methods for its prevention? (SECNAVINST 6222.1) | _____ | _____ | _____ |
| 59. Was the medical department meeting its responsibility with regards to the asbestos surveillance screening program? (29 CFR 1910.1001) | _____ | _____ | _____ |
| 60. Was a report of heat casualty (NAVMED 6500/1) submitted on every case of heat illness requiring the attention of a medical officer? (BUMEDINST 6200.1 SERIES) | _____ | _____ | _____ |
| 61. Were the guidelines established for the treatment of sexually transmitted diseases being utilized? (STD Treatment Guidelines MMWR Supplement and NAVMED P5052-11A) | _____ | _____ | _____ |
| 62. Is a roster of all personnel on the hearing conservation program available? (MCO 6260.1D) | _____ | _____ | _____ |
| 63. Was the wet bulb globe temperature index (WBGT Index) being used as a guide for controlling training during periods when the temperature exceeds 85 degrees Fahrenheit? (MCO 6200.1) | _____ | _____ | _____ |

Figure 6-1.--CGI Medical/Dental Checklist--Continued.

SOP FOR MEDICAL

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
64. Was training for all personnel on prevention, recognition, and emergency treatment of heat casualties being conducted? (MCO. 6200.1)	_____	_____	_____
65. Did predeployment preparations for operations or training in a cold weather environment include training of all personnel in the identification and prevention of cold injuries? (MCO 3470.1)	_____	_____	_____
66. Were hospital corpsmen assigned duties as Non-Physician Health Care Providers given written authorization from a physician? (OPNAVINST 6320.3 and ForO P6000.1, par 1003)	_____	_____	_____
67. Was the unit (active duty/I-I) Hospital Corpsman certified in BLS? Were all Program Nine corpsmen with the potential of being involved in patient care certified in BLS? (SECNAVINST 1500.10/1510.3)	_____	_____	_____
68. Did the unit Hospital Corpsmans have access to a current copy of the appendix for all credentialed health care providers assigned to the unit(s)? (NAVMEDCOMINST 6320.8)	_____	_____	_____
69. Had nonnaval medical and dental care been properly managed? (NAVMEDCOMINST 6320.1A Series and ForO P6000.1, par 4005).	_____	_____	_____
70. Were required professional reference materials available? (MCO 6700R.1M, Encl (3))	_____	_____	_____
71. Within 30 working days after reporting aboard, has the Medical Department Representative provided a letter report to the commanding officer citing all deficiencies noted? Areas of concern are all medical spaces, records, supplies, and equipment (MANMED Article 9-20 (1), (2) and ForO P6000.1, par 1001)	_____	_____	_____
72. Was a Medical Department Journal properly maintained? (ForO P6000.1, par 2000)	_____	_____	_____

EQUIPMENT and SUPPLIES

73. Were individual Surgical Instrument and Supply Sets with Surgical Sets, (Unit One) on hand for all unit and supporting Naval Reserve Hospital Corpsmen? (MCO 6700R.1M, MCO 6700.2D and ForO P6000.1, par 7000)	_____	_____	_____
--	-------	-------	-------

Figure 6-1.--CGI Medical/Dental Checklist--Continued.

SOP FOR MEDICAL

- | | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|--|------------|-----------|------------|
| 74. Was a complete set of 782 gear issued to all unit and supporting Naval Reserve Hospital Corpsmen?
(ForO P6000.1, par 7007) | _____ | _____ | _____ |
| 75. Were the number of authorized medical/dental allowances (AMALS/ADALS) adequate, properly maintained, inventoried and secured? (MCO 6700.2D) | _____ | _____ | _____ |
| 76. Were the items and quantities of items in the authorized medical allowances (AMAL) correct in per with the AMAL cited? (MCO 6700.2D) | _____ | _____ | _____ |
| 77. Were the potency dated and shelf life items in the authorized Medical allowance within their potency/shelf life periods? (Naval Medical and Dental Materiel Bulletins, DLAM 4155.5/TD 740-10 and MCO 6700R.1M) | _____ | _____ | _____ |
| 78. Was defective equipment and/or materiel properly reported to the cognizant agency/command? (BUMEDINST 6700.63) | _____ | _____ | _____ |
| 79. Were required Class VIII Material for Reserve Centers accounted for by proper inventory? (MCO 6700R.1M and ForO P6000.1, par 7000) | _____ | _____ | _____ |

HEALTH AND SAFETY

- | | | | |
|--|-------|-------|-------|
| 80. Had all Food Service personnel received the required Annual Food Service Sanitation Training from Preventive Medicine Service? (SECNAVINST 4061.1 and NAVMED P-5010-1) | _____ | _____ | _____ |
| **FOR AVIATION PERSONNEL ONLY** | | | |
| 81. Are all aviation medical examinations performed by an aviation designated medical officer who is authorized by BUPERS or by proper authority of the Army or Air Force to conduct such examinations? (MANMED Article 15-65) | _____ | _____ | _____ |
| 82. Are physical examinations for all aviation personnel being conducted as appropriate? (MANMED Article 15-65) | _____ | _____ | _____ |
| 83. Are all aviation officer personnel 40 years or older receiving annual physical examinations?
MANMED Article 15-65) | _____ | _____ | _____ |

Figure 6-1.--CGI Medical/Dental Checklist--Continued.

SOP FOR MEDICAL

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
84. Are enlisted aviation personnel involved in flight duties evaluated annually, within 30 days of their birthday, and certified physically qualified for continued aviation duties by issuance of a NAVMED 6410/2 (Clearance Notice)? (MANMED Article 15-65)	_____	_____	_____
85. Are all aviation personnel admitted to the sicklist, hospitalized, or determined to be physically unable to perform flight duties issued a NAVMED 6410/1 (Grounding Notice), an entry made on NAVMED 6150/2 (Special Duty Medical Abstract) in the member's health record? (MANMED Article 15-65)	_____	_____	_____
86. Is a NAVMED 6410/2 (Clearance Notice) issued when the member is recommended to return to flight duties after examination by a flight surgeon? (MANMED Article 15-65)	_____	_____	_____
87. Is prior approval received from an aviation-qualified medical officer, for Medical Department Representatives in remote areas to issue a NAVMED 6410/2 (Clearance Notice)? (MANMED Article 15-65)	_____	_____	_____

Figure 6-1.--CGI Medical/Dental Checklist--Continued.

SOP FOR DENTAL

COMMANDING GENERAL'S INSPECTION DENTAL (510)

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
1. Were dental records in the custody of the dental officer or the designated Health Record Program Administrator? (MANMED Article 6-109)	_____	_____	_____
2. Were the dental records provided the degree of safety which prevents unauthorized use or release of information? (SECNAVINST 5211.5C and MANMED Article 23 Sec III)	_____	_____	_____
3. Were HIV antibody tests performed as required and properly recorded per current directives? (SECNAVINST 5300.30A)	_____	_____	_____
4. Were Duplicate Dental Panorol Radiographs (DDPRs) submitted and accepted by the DEERS Support Center Monterey, CA, and documented by an entry on the SF 603 in the dental record. (SECNAVINST 6600.4)	_____	_____	_____
5. Were all dental records accounted for? (NAVMEDCOMINST 6150.1 and MANMED Article 6-109)	_____	_____	_____
6. Were all personnel receiving annual dental examinations? (MANMED Article 6-99)	_____	_____	_____
7. Were any active duty personnel in a class 3 dental status in excess of 120 days. (MCO 6600.2)	_____	_____	_____
8. Was an annual verification of the dental record properly performed and recorded in the Dental Treatment Record on SF 603 with discrepancies noted? (NAVMEDCOMINST 6150.1 Encl 2 par 6, ForO P6000.1 par 3010)	_____	_____	_____
9. Was a charge-out control system for managing dental records used? (NAVMEDCOMINST 6150.1 Encl (2), para 5)	_____	_____	_____
10. Were the forms in the dental record in proper sequence? (BUMEDINST 6150.34)	_____	_____	_____

Figure 6-1.--CGI Medical/Dental Checklist--Continued.

SOP FOR DENTAL

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
11. Was a Privacy Act Statement of 1974 signed and filed in the dental record? (NAVMEDCOMINST 6150.1 Encl (2) par 3. 9)	___	___	___
12. Was a Record of Disclosure (OPNAV 5211/9) filed in each dental record and properly annotated when information is released to an agency outside of DOD. (NAVMEDCOMINST 6150.1 Encl (2) para3, b (7))	___	___	___
13. Was the dental battalion/company ensuring all SELRES dental personnel received paramedical training? (MCO 1500.43)	___	___	___
14. Were all personnel involved in direct patient care currently certified in BLS? (SECNAVINST 1500.10)	___	___	___
15. Were the dental battalion dental officers trained in their duties of care of casualties in combat contingency situations? (MANMED Article 6-27 and MCO 1500.43)	___	___	___
16. Were the dental battalion dental technicians receiving organized in-service training and instruction? (MANMED Article 6-65)	___	___	___
17. Were dental battalion personnel receiving technical proficiency training and training specific to the FMF? (MANMED Article 6-85 (h))	___	___	___
18. Was the Dental Battalion/Company Organization Manual published? (MANMED Article 6-28)	___	___	___
19. Were the number of authorized dental allowance adequate, properly maintained, inventoried and secured? (BUMED 6700.19C, MCO 6700.2D and MCO P4400.39E)	___	___	___
20. Were the items and quantities of items in the authorized dental allowance (ADAL) correct in accordance with the ADAL cited? (MCO 6700.2D)	___	___	___
21. Were the potency dated and shelf-life items in the authorized Medical allowance within their potency/shelf life periods? (Naval Medical and Dental Materiel Bulletins, DLAM 4155.5/TD 704-10 and MCO 6700R.1M)	___	___	___
22. Was defective equipment and/or materiel properly reported to the cognizant agency/command? (BUMEDINST 6700.63)	___	___	___

Figure 6-1.--CGI Medical/Dental Checklist--Continued.

SOP FOR DENTAL

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
23. Were required Class VIII Material for Reserve Centers accounted for by proper inventory? (MCO 6700R.1M)	_____	_____	_____
24. Is the dental activity complying with the Personnel Reliability Program? (MANMED Article 6-102)	_____	_____	_____
** FOR AVIATION PERSONNEL ONLY**			
25. Are aviation personnel undergoing dental procedures issued a self-expiring grounding notice (NAVMED 6410/1)? (MANMED Article 6-102)	_____	_____	_____

Figure 6-1.--CGI Medical/Dental Checklist--Continued.

SOP FOR MEDICAL

CHAPTER 7

MEDICAL SUPPLY.

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SOP FOR MEDICAL

CHAPTER 7

MEDICAL SUPPLY.

7000. CLASS VIII MATERIAL FOR MARINE CORPS RESERVE CENTERS

1. Class VIII (Medical) items for Marine Corps Reserve Centers, which have Active Duty Hospital Corpsman on their Table of Organization (T/O), will be requisitioned and maintained as listed in MCO 6700R.1 series. These allowances have been specifically developed to support medical departments at reserve centers due to geographical separation from parent commands and Medical Treatment Facilities (MTFs).
2. Active Duty Staffs located at joint reserve centers are exempt from maintaining medical allowances if the Navy maintains medical material to support all requirements. This arrangement must be formalized in a Letter of Agreement (LOA) signed by the unit commander and the Reserve Center Commanding Officer. The Manual of the Medical Department (ManMed P-117) is required by all Active Duty Staffs, regardless of other support arrangements. Material held on an "as required" basis (MCO 6700R.1, enclosure (2)), must be authorized in writing, either on the Commander's Non T/E Allowance List or by separate letter.
3. Narcotics and controlled medicines, ethyl alcohol, and alcoholic beverages are not authorized at Marine Corps Reserve Centers.
4. Requisitioning of supplies or equipment not authorized by MCO 6700R.1 series and this manual must be requested from and authorized by the Commanding General, MARRESFOR. Any request for waiver must be accompanied by adequate justification. Figure 7-1 is a sample waiver request.
5. All inventory receipt and expenditures of Class VIII material shall be recorded on the Stock Record and Inventory Control Cards (NAVMC 708) or an authorized data base management system with the same information.
6. Units with a medical officer on T/O are authorized to carry a Field Dispensary Medical Instrument and Supply Set (NSN 6545-00-919-1500) which is only authorized for use during periods of field duty. This set may not be used in garrison (MCO 6700R.1 series).
7. An Individual Surgical Instrument and Supply Set (NSN 6545-00-927-9960) is authorized for each unit Hospital Corpsman & Dental Technician. In addition, an Individual Surgical Instrument & Supply Set shall be procured and maintained based on the average number of drilling Naval reservists plus 10%.

7001. SUPPORT FOR ANNUAL TRAINING (AT) EXERCISES

1. Medical care for routine sick-call during AT by a credentialed health care provider can be supported by a Field Dispensary Medical Instrument and Supply Set (1500 block) for each unit, which may be supplemented by an AMAL 699 (Sick Call block).
2. Medical care and evacuation of actual casualties should be planned with and provided by the established active duty medical units of the AT site. Emergency first aid in the field can be provided utilizing Unit Ones carried by each Hospital Corpsman.
3. AMALs for AT should be in support of specific training objectives, not for treatment of actual casualties or for conducting routine sick call (except AMAL 699).
4. In addition to preparation of specific training objectives, training should be given by qualified instructors, who are technical experts for a given AMAL. For example, an AMAL 639 (Operating Room Block) training would be of little use without surgeons and operating room technicians who would utilize it's contents.
5. Medical training objectives should be appropriate to the military scope and training objectives of the exercises.
6. The numbers and locations of medical or dental sites, as required by the type of exercise or geography, should be realistically balanced against the actual personnel assets available.
7. Make certain that AT medical supply needs are known to the S-4 Supply Chief for incorporation and forwarding with unit requests as appropriate. AT medical supply needs should be determined through coordination between the unit Hospital Corpsman and the unit's surgeon.

7002. AMAL/ADAL REQUEST REQUIREMENTS

1. T/A Class VIII material (e.g. AMAL 635) shall be brought to the exercise vice requesting material from CG, MARRESFOR however, there may be certain additional requirements needed. Request for AMALs/ADALs are made from 4th Supply Bn (MEDLOG Co) and are for training only. Request for AMALs/ADALs are to made 90 to 120 days prior to exercise. Additional Class VIII materials are to be ordered by the requesting unit and not be by MEDLOG Co. The following materials are available upon request AMALs 699, 618, 621, 629, 631, 633, 635, 639, and ADALs 662, 664. Availability for ADALs must be coordinated between MARRESFOR and 4th Dental Bn prior to approval for release from MEDLOG Co.

2. All requests must be sent from the unit via to MARRESFOR via the chain of command, message is preferred. Info 4th Supply BN, Newport News, VA so proper coordination can be made. If ordering an ADAL, 4th Dental Bn in Marietta, GA must be info'd.

3. All requests for Class VIII material must contain the following information:

a. PE Jon number: This information is not provided by G-4 Med, but is provided by unit sponsoring exercise.

b. R/O: Must be SNCO or above with name, rank, SSN, daytime phone, R/O must pick-up, sign for, and also turn in gear.

c. Date of pick-up/LTI: Date to inspect material. R/O must be there to inspect and sign for gear and take custody.

d. Shipping instructions: Where you want AMAL to be delivered. Include base, bldg. number, phone number and POC at site of delivery. If to be delivered to RSU please indicate phone for correct info.

e. Estimate date of return.

f. POC: Any questions that may arise. (unit Hospital Corpsman).

4. If a transfer of Responsible Officers is to occur in the field, the new R/O must contact the Customer Service Section of MEDLOGCO to receive a complete brief.

5. The 4th MEDLOG Co, 4th Supply Bn located in Newport News, VA (with a Detachment in San Diego, CA) may assist in managing Class VIII during CAXs. They can provide pre and post LTI support for MARRESFOR units for both CAXs and other AT exercises.

6. Figure 7-2 is a sample request.

7003. LETTER OF INSTRUCTION (LOI). A LOI is published prior to an AT. This document provides guidance and instruction in all phases of the upcoming AT, including directions for procurement of AMAL/ADALs by using units. LOI copies are normally available through G-3 OPS or G-4 OPS. It is wise to look for these LOIs early, during exercise planning.

7004. RESERVE SUPPORT UNIT (RSU). There are RSUs at the major Marine Corps installations (e.g., Clinic, Camp Pendleton, Marine Corps Air Ground Combat Center, 29 Palms). These units provide liaison for this headquarters in procuring, receiving, transporting, and turn-in of Class VIII material. Depending on the circumstances, they may act as the responsible officer in receiving Class VIII

material, the procuring agent, and shipping agent for transporting Class VIII to the Base Traffic Management Office for shipment of material to remote AT sites.

7005. TRANSPORTATION OF THINGS (TOT). Transportation of Class VIII Material without funding. This funding is requested through G-4 TMO and is utilized when shipping Class VIII material to AT sites. Cost estimates are obtained by contacting the TMO office of the base from which the material is being shipped. Providing them with the weight of the shipment aids in obtaining an accurate cost. Close coordination with the unit S-4 section is essential.

7006. MOBILIZATION. In-garrison medical equipment items covered under MCO 6700R.1 series are not utilized during mobilization. MCO 6700.2D gives information, direction and guidance regarding organization medical allowances. This order also outlines procedures for acquiring medical allowances upon mobilization.

7007. ALLOWANCE FOR INDIVIDUAL ITEMS OF EQUIPMENT (782 GEAR). Requirements for individual items of equipment for medical personnel, are based upon the average personnel drilling strength plus 10%, and include equipment for the unit Hospital Corpsman. These allowances are set forth in the MARRESFOR Supply SOP.

SOP FOR MEDICAL

LETTER HEAD PAPER

6700
(Date)

From: Unit Commander, 8th Reconnaissance Battalion, 5151 Rod
Rd., Anywhere, AR
To: Commanding General, Marine Reserve Force, New Orleans, LA
70146 Attn: (4MED)
Subj: REQUEST FOR ADDITIONAL ITEMS TO AUTHORIZED CLASS VIII
MATERIAL
Ref: (a) MCO 6700R.1M
(b) NAVMEDCOMINST 6230.3

1. In addition to the required Class VIII material maintained at this site, per reference (a), a waiver is requested to carry the below listed items:

	<u>STOCK NUMBER</u>	<u>ITEM</u>	<u>AMOUNT</u>
a.	6505-00-661-5591	PPD	2 BT

Justification: Request PPD for upcoming 3rd Qtr drill to update triennial TB skin test requirements for SMCR personnel.

b.	6505-00-111-1121	Yellow Fever Vaccine	2 Bt
----	------------------	-------------------------	------

Justification: Requested to update requirements for yellow fever shots, given every 10 years. Emergency procedures and a Medical Officer will be on line and in compliance with reference (b) before immunizations are given.

c.	6515-00-383-0566	Mask, Surgical Disp.	2 Bx
----	------------------	-------------------------	------

Justification: To support a Dental Officer who attends one drill per quarter to conduct SMCR annual dental exams.

Figure 7-1.--Sample Letter Request for Additional Medical Material.

SOP FOR MEDICAL

2. Point of contact this Command is HMC Rice, Coml: (504) 333-1234.

I. G. FREELY

Copy to:
File

Figure 7-1.--Sample Letter Request for Additional Medical
Material--Continued.

SOP FOR MEDICAL

FROM: SITE
TO: MARRESFOR//4MED//

INFO: INSTR INSP STF NEWPORT NEWS VA
MEDLOG CO FOURTH SUPBN DET
(CG FOURTH FSSG//MED//) IF YOU BELONG TO GROUP

UNCLAS //N06700//

SUBJ: REQ FOR CLASS VIII MATERIAL FOR EXERCISE (WHATEVER IT IS AND DATES)

REF: LIST REFERENCES

1. THE FOLLOWING AMAL IS REQUESTED TO SUPPORT SUBJ EXERCISE.
 - A. LIST OF EQUIPMENT NEEDED FOR EXERCISE QUANTITY.

2. THE FOLLOWING INFO IS PROVIDED:
 - A. PE JON # (PLANNING ESTIMATE JOB ORDER NUMBER): IS NOT PROVIDED BY G-4 MED, IS PROVIDED UNIT SPONSORING EXERCISE.

B. R/O: MUST BE SNCO OR ABOVE WITH NAME, RANK SSN, DAY TIME PHONE NUMBER. R/O MUST PICK-UP, SIGN FOR, AND ALSO TURN IN GEAR.

C. DATE OF PICK UP/LTI: (LIMITED TECHNICAL INSPECTION) DATE TO INSPECT MATERIAL. R/O MUST BE THERE TO INSPECT AND SIGN FOR GEAR AND TAKE CUSTODY.

D. SHIPPING INSTRUCTIONS: WHERE YOU WANT AMAL TO BE DELIVERED. INCLUDE BASE, BLDG NUMBER, PHONE NUMBER AND POC AT SITE OF DELIVERY. IF TO BE DELIVERED TO RSU PLEASE PHONE FOR CORRECT INFO.

E. ESTIMATED DATE OF RETURN.

POC: ANY QUESTIONS THAT MAY ARISE. (UNIT CORPSMAN)

Figure 7-2.--Sample Message Request for Additional Medical Material.

SOP FOR MEDICAL

CHAPTER 8

SPECTACLE INSERTS FOR PROTECTIVE MASKS

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SOP FOR MEDICAL

CHAPTER 8

SPECTACLE INSERTS FOR PROTECTIVE MASKS

8000. GENERAL

1. MCO 3400.3D requires SMCR units to integrate NBC training in all facets of training programs. To insure safe, effective and realistic training, spectacle inserts for protective masks are necessary for personnel with certain visual acuities.
2. NAVMEDCOMINST 6810.1 assigns responsibility for fabrication of spectacle inserts for organizations east of the Mississippi River to Naval Ophthalmic Support and Training Activity (NOSTRA), Yorktown, VA, and those west of the Mississippi River to the Optical Fabrication Laboratory, Fitzsimmons Army Medical Center, (FAMC) Aurora, CO. Procedures have been established with NOSTRA and FAMC for ordering and fabrication of spectacle inserts for SMCR personnel.

8001. REQUIREMENTS FOR SPECTACLE INSERTS. NAVMEDCOMINST 6810.1 states that SMCR personnel with the following unaided visual acuities and job types should be issued spectacle inserts corresponding to the type of protective gas mask issued to them:

1. Unaided visual acuity in each eye of less than 20/20 for military vehicle operators.
2. Unaided visual acuity in each eye of less than 20/20 for flight personnel.
3. Unaided binocular visual acuity of less than 20/40 for all other personnel.

8002. ORDERING SPECTACLE INSERTS

1. NAVMEDCOMINST 6810.1 and this Manual provide the necessary guidance for procuring spectacle inserts. Figures 8-1 and 8-2 are examples of DD Forms 771 used for ordering inserts from the respective laboratories.
2. Figure 8-3 provides account numbers, by city location, which are to be entered on DD Form 771 when ordering spectacle inserts from NOSTRA. These account numbers have been established by NOSTRA. SMCR units west of the Mississippi River will use 399317 as the account number to enter on the DD Form 771 when ordering spectacle inserts from FAMC.

8003. ACCOUNT AND CONTROL PROCEDURES

1. Local procedures are to be established to account and control for the receipt of spectacle inserts. These procedures will include a health record entry on the SF 600 or NAVMED 6490/1 with the refraction information, date of refraction and signature of member acknowledging receipt of spectacle inserts. The transcribing of a civilian prescription into the health record is authorized. (Indicate the information is a transcribed entry.) A medical department representative will sign the entry.

2. Physical control procedures must be established to ensure spectacle inserts are readily available whenever protective masks are issued. Physical control of the inserts should be maintained by the unit and not by the individual. When an individual transfers to a different unit, the inserts should be forwarded to that new activity.

8004. EYE REFRACTIONS. NAVMEDCOMINST 6810.1 outlines procedures for obtaining refractions. If the service members vision has changed significantly and their current prescription does not adequately correct their vision a new refraction should be obtained prior to ordering the GMI's. Utilization of civilian sources is authorized when government agencies are not available. Local funding will be utilized under subhead .2710, Decision Unit 71, JON Serial BB004, Purchased Services. Additional funds should be requested only after it is determined that this requirement cannot be accommodated from within current planning estimate authorization, or when realignment action has occurred.

SOP FOR MEDICAL

SAMPLE

EYEWEAR PRESCRIPTION		DATE 8 NOV 93	ORDER NUMBER 00000
TO: (Optical Laboratory, including ZIP Code) OFFICER IN CHARGE NAVAL OPHTHALMIC SPT & TRNG YORKTOWN, VA 23691		FROM: (Station & Location, including ZIP Code) CG, MARRESFOR 4400 DAUPHINE STREET NEW ORLEANS, LA 70146	
NAME (Last, first, middle initial) GRADE AND SERVICE NUMBER/SOCIAL SECURITY ACCOUNT NO MARINE, JOE D., LCPL, 754-31-0991			AGE 23
UNIT AND ADDRESS CG, MARRESFOR, 4400 DAUPHINE ST., NEW ORLEANS, LA 70146			
<input checked="" type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> RETIRED <input type="checkbox"/> OTHER (Specify)		<input type="checkbox"/> USA <input type="checkbox"/> USN <input type="checkbox"/> USAF <input type="checkbox"/> USPHS <input type="checkbox"/> USCG <input checked="" type="checkbox"/> OTHER (Specify) USMC	
PRESCRIPTION			
SPECTACLES: <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		AVIATION SPECTACLES <input type="checkbox"/> N-15 <input type="checkbox"/> COATED <input checked="" type="checkbox"/> CLEAR	
OTHER: <input type="checkbox"/> REPAIR <input type="checkbox"/> PROTECTIVE MASK INSERT (Specify type and position)			
INTERPUPILLARY DIS DISTANCE NEAR	EYE SIZE	BRIDGE SIZE	TEMPLE LENGTH AND STYLE NUMBER PAIR(S) CASE PAIR(S)
62 / 59	50	24	4.5 1 1
SINGLE VISION			
	SPHERE	CYLINDER	AXIS DECENTRATION IN CUT PRISM BASE FOR LABORATORY USE ONLY
R	- 0.25	- 0.25	109 <input type="checkbox"/> STANDARD
L	0.00	- 0.25	126 <input type="checkbox"/> NONSTANDARD
MULTIVISION			
ADD FOR NEAR	MULTIFOCAL INSTRUCTIONS		TOTAL DECENTRATION
	SEGMENT HT	DECENTRATION NEAR	
R			
L			
SPECIAL LENSES OR FRAME (Details and/or circumstances necessitating prior approval under current instructions and/or regulations. Only identical duplicate prescriptions and components should be ordered on the same DD Form 771.) PLEASE FABRICATE 1 PR OF STANDARD ISSUE EYEGLASSES. NAVAL OPHTHALMIC SUPPORT AND TRAINING ACTIVITY YORKTOWN, VA 23691			
TYPED OR PRINTED NAME, GRADE, TITLE AND SIGNATURE OF APPROVING AUTHORITY JOE P. CORPSMAN			
TYPED OR PRINTED NAME, GRADE, TITLE AND SIGNATURE OF PRESCRIBING OFFICER			
DISTRIBUTION OF COPIES	CLINIC Originating Prescription - Removes Copy 3 for insertion in patient's Health Record (DD Form 722). Sends Copies 1 and 2 to designated optical laboratory. LABORATORY - Retains Copy 1 for file. Returns Copy 2 with completed spectacles.		

Figure 8-1.--Example of DD Form 771 for Submission to NORSTRA, Yorktown, Va.

SOP FOR MEDICAL

SAMPLE

EYEWEAR PRESCRIPTION		DATE 8 NOV 93	ORDER NUMBER 00000
TO: (Optical Laboratory, including ZIP Code) OFFICER IN CHARGE OPTICAL FABRICATION LAB FITZSIMMONS ARMY MED CTR		FROM: (Station & Location, including ZIP Code) CG, MARRESFOR 4400 DAUPHINE STREET NEW ORLEANS, LA 70146	
NAME (Last, first, middle initial) GRADE AND SERVICE NUMBER/SOCIAL SECURITY ACCOUNT NO MARINE, JOE D., LCPL, 754-31-0991			AGE 23
UNIT AND ADDRESS CG, MARRESFOR, 4400 DAUPHINE ST., NEW ORLEANS, LA 70146			
<input checked="" type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> RETIRED <input type="checkbox"/> OTHER (Specify)		<input type="checkbox"/> USA <input type="checkbox"/> USN <input type="checkbox"/> USAF <input type="checkbox"/> USPHS <input type="checkbox"/> USCG <input checked="" type="checkbox"/> OTHER (Specify) USMC	
PRESCRIPTION			
SPECTACLES: <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		AVIATION SPECTACLES <input type="checkbox"/> N-TS <input type="checkbox"/> COATED <input type="checkbox"/> CLEAR	
OTHER: <input type="checkbox"/> REPAIR <input type="checkbox"/> PROTECTIVE MASK INSERT (Specify type and position)			
INTERPUPILLARY DISTANCE 62 / NEAR 59	EYE SIZE 50	BRIDGE SIZE 24	TEMPLE LENGTH AND STYLE 4.5
		NUMBER PAIRS 1	CASE 1
SINGLE VISION			
	SPHERE	CYLINDER	AXIS
R	- 0.25	- 0.25	109
L	0.00	- 0.25	126
MULTIVISION			
ADD FOR NEAR	MULTIFOCAL INSTRUCTIONS SEGMENT HT DECENTRATION NEAR		TOTAL DECENTRATION
R			
L			
SPECIAL LENSES OR FRAME (Details and/or circumstances necessitating prior approval under current instructions and/or regulations. Only identical/duplicate prescriptions and components should be ordered on the same DD Form 771.) PLEASE FABRICATE 1 PR OF STANDARD ISSUE EYEGGLASSES. FITZSIMMONS ARMY MED CTR AURORA, CO 80045-5001			
TYPED OR PRINTED NAME, GRADE, TITLE AND SIGNATURE OF APPROVING AUTHORITY JOE P. CORPSMAN			
TYPED OR PRINTED NAME, GRADE, TITLE AND SIGNATURE OF PRESCRIBING OFFICER			
DISTRIBUTION OF COPIES	CLINIC Originating Prescription - Removes Copy 3 for insertion in patient's Health Record (DD Form 722). Sends Copies 1 and 2 to designated optical laboratory. LABORATORY - Retains Copy 1 for file. Returns Copy 2 with completed spectacles.		

Figure 8-2.--Example of DD Form 771 for Submission to FAMC, Aurora, CO.

SOP FOR MEDICAL

ACCOUNT NUMBER	CITY	STATE
05000	New Orleans	LA
05001	Memphis	TN
05002	Montgomery	AL
05003	Detroit	MI
05004	Grand Rapids	MI
05005	Flint	MI
05006	Lansing	MI
05007	Toledo	OH
05008	Chicago	IL
05009	Madison	WI
05010	Milwaukee	WI
05011	Waukegan	IL
05012	Danville	IL
05013	Evansville	IN
05014	Johnson City	TN
05015	Nashville	TN
05016	Huntsville	AL
05017	Worcester	MA
05018	Camp Edwards	MA
05019	Albany	NY
05020	Manchester	NH
05021	Plainville	CT
05022	Chicopee	MA
05023	Topsham	ME
05024	Garden City	NY
05025	Dover	NJ
05026	Harrisburg	PA
05027	New Rochelle	NY
05028	Brookpark	OH
	Akron	OH

Figure 8-3.—Account Numbers for SMCR Units East of the Mississippi River.

SOP FOR MEDICAL

ACCOUNT NUMBER	CITY	STATE
05029	Columbus	OH
05030	Moundsville	WV
05031	Buffalo	NY
05032	Jackson	MS
05033	Joliet	IL
05034	Philadelphia	PA
05035	West Trenton	NJ
05036	Richmond	VA
05037	Reading	PA
05038	Bessemer	AL
05039	Chattanooga	TN
05040	Atlanta	GA
05041	Greensboro	NC
05042	Fort Wayne	IN
05043	Allentown	PA
05044	Lexington	KY
05045	Dayton	OH
05046	Pittsburgh	PA
05047	Youngstown	OH
05048	Battle Creek	MI
05049	Folsom	PA
05050	Wilmington	DE
05051	Gary	IN
05052	South Bend	IN
05053	Peoria	IL
05054	Charlotte	NC
05055	Indianapolis	IN
05056	Augusta	GA
05057	Rock Island	IL
05058	Lawrence	MA

Figure 8-3.—Account Numbers for SMCR Units East of the Mississippi River--Continued.

SOP FOR MEDICAL

ACCOUNT NUMBER	CITY	STATE
05059	Newport News	VA
05060	Washington	DC
05061	Greenville	SC
05062	Rome	GA
05063	Raleigh	NC
05064	Albany	GA
05065	Red Bank	NJ
05066	Providence	RI
05067	Orlando	FL
05068	New Haven	CT
05069	Charleston	SC
05070	Savannah	GA
05071	Wilmington	NC
05072	San Juan	PR
05073	Rochester	NY
05074	Fort Knox	KY
05075	Syracuse	NY
05076	Tallahassee	FL
05077	Columbus	SC
05078	Miami	FL
05079	Baltimore	MD
05080	South Charleston	WV
05081	Roanoke	VA
05082	Lynchburg	VA
05083	Knoxville	TN
05084	Tampa	FL
05085	Norfolk	VA
05086	Gulfport	MS
05087	Jacksonville	FL
05088	Bronx	NY

Figure 8-3.—Account Numbers for SMCR Units East of the Mississippi River—Continued.

SOP FOR MEDICAL

ACCOUNT NUMBER	CITY	STATE
05089	Huntington	NY
05090	Brooklyn	NY
05091	Cincinnati	OH
05092	Erie	PA
05093	Connellsville	PA
05094	Esensburg	PA
05095	Mobile	AL
05096	West Palm Beach	FL
05097		

Figure 8-3.--Account Numbers for SMCR Units East of the Mississippi River--Continued.

SOP FOR MEDICAL

CHAPTER 9

HUMAN IMMUNODEFICIENCY VIRUS (HIV) TESTING AND MANAGEMENT OF POSITIVE SMCR PERSONNEL

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CHAPTER 9

HUMAN IMMUNODEFICIENCY VIRUS (HIV) TESTING AND MANAGEMENT OF POSITIVE SMCR PERSONNEL

9000. GENERAL

1. Human Immunodeficiency Virus (HIV) is the causative agent of Acquired Immune Deficiency Syndrome (AIDS). HIV infection has the potential to adversely effect the SMCR and military readiness. To reduce the risk of HIV infection incident to military service, the effect of HIV infected personnel on SMCR units, and to ensure the safety of military blood supplies, it is necessary to implement a surveillance program of HIV testing and to establish procedures for the disposition of SMCR personnel who have tested positive for HIV.
2. SECNAVINST 5300.30C sets forth the Department of the Navy policy on the management of HIV infection in the Navy and Marine Corps.

9001. SURVEILLANCE PROGRAM

1. Unit commanders shall ensure that all SMCR personnel are tested for HIV and that such testing is reported on the command unit diary per MCO P1080R.38B.
2. Retesting of SMCR personnel shall be accomplished annually or more frequently, if necessary, as stated in SECNAVINST 5300.30C.
3. The unit's address shall be listed as the submitting command on all HIV testing rosters. The SMCR unit's RUC shall be entered in the UIC block of the roster.
4. HIV testing shall be recorded in the Health Record. HIV testing will also be recorded in the Dental Record, "only" if the results are positive. HIV tests are not considered valid or completed until properly recorded.
5. When HIV results are received and recorded in medical records, the date on the test shall also be entered in the REMMPS field "F02" (Legal Contract) for all SMCR personnel. This entry will constitute the status report for HIV test compliance.

9002. TESTING PROCEDURES

1. Guidelines describing HIV testing procedures and HIV test sample collection and processing are established by BUMED and promulgated by message. The latest information may be obtained from the nearest Navy Elisa Testing Medical Treatment Facility (ET-MTF) or from MARRESFOR (G-4 MED).

2. The primary source for HIV testing support is the nearest Navy ET-MTF. Each Navy ET-MTF has a designated point of contact for arranging testing or other support, such as providing blood collection tubes, etc. Arrangements must be coordinated in advance with the Navy ET-MTF. Contact MARRESFOR (G-4 MED) if requests are denied. If testing cannot be arranged through Navy medical facilities, liaison is authorized with Army and Air Force medical facilities. The Army and the Air Force are under no obligation to provide HIV testing services to the SMCR. Other service(s) assistance must be locally arranged by the SMCR unit and is dependent upon the availability of HIV testing resources at the Army or Air Force facility. Copies of all completed test rosters shall be forwarded by the other service(s) ET-MTFs to BUMED for entry into the Reportable Disease Data Base (RDDDB). The use of civilian ELISA test facilities is not permitted.

3. Hospital Corpsman may perform venipuncture for the purpose of obtaining a blood specimen for HIV testing. This procedure alone does not subject the Hospital Corpsman to the monitoring provisions required by OPNAVINST 6320.3. However, prior to drawing blood, the Hospital Corpsman must have written consent from the unit commander, who normally will require a written statement from a physician or nurse attesting to the Hospital Corpsman's capability to perform venipuncture. Military or civilian physicians and nurses may provide the statement. Unit Hospital Corpsmen are encouraged to obtain additional refresher training. MTFs are the primary resources for training. Where the use of an MTF is not feasible, civilian medical facilities may be utilized to obtain the refresher training by local arrangement. With the risk of exposure to HIV during venipuncture, it is important the hospital corpsman understand and adhere to the infection control practice described in the Navy Environmental Health Center Nosocomial Infection Control Manual, Chapter 2 (NEHC TM-89-2) and Centers for Disease Control guidelines.

9003. FUNDING SHIPMENT OF TEST SAMPLES. Funding for shipment of HIV test samples is the responsibility of the individual unit. Utilization of the U. S. Postal system's biohazardous guidelines are mandatory.

9004. EQUIPMENT AUTHORIZATION. Maintenance of additional equipment and supplies for HIV testing shall be in accordance with MCO 6700R.1 series.

9005. REPORTING RESULTS. Results of HIV testing performed by Navy ET-MTF's will be reported directly to the unit commander. Test results and all other HIV related material containing personnel identifying data shall be handled in a confidential manner. Mailings will be in double sealed envelopes with the inner envelope marked "EYES ONLY" for the appropriate commander. Confidentiality of HIV results is of utmost importance.

9006. MANAGEMENT OF HIV POSITIVE PERSONNEL

1. Upon receipt of notification from BUMED of a positive HIV test result, unit commanders shall initiate the counseling process as described in NAVMC Publication 2904 (Commander's Guide to the Human Immunodeficiency Virus).
2. All HIV test positive SMCR personnel will be transferred to the Individual Ready Reserve (IRR) since there are no non-deployable SMCR billets. However, in accordance with SECNAVINST 5300.30C, personnel desiring to remain affiliated with the Ready Reserve, provided a billet is available, must complete a medical examination to include, as a minimum, those items listed in figure 9-1. The member will be given up to 60 days to complete this examination which must be done at his/her own expense. During this 60 day period the individual may be permitted to attend drills, but alternatively may be carried in a Temporary Line 10 status pending results of the examination. Personnel who fail to have a medical examination will be transferred to the IRR for subsequent transfer to the Standby Reserve Active Status List (ASL) or be discharged depending on the needs of the U.S. Marine Corps.

9007. COUNSELING OF HIV POSITIVE PERSONNEL. Upon receipt of notification from Naval Medical Command of a positive HIV test result, unit commanders shall initiate the counseling process as described in figure 9-2. Copies of figures 9-1 and 9-3 shall be provided to the individual at the initial counseling session. A copy of figure 9-4 shall be completed and retained on file by the unit, with a copy to the individual.

9008. CG MARRESFOR (G-4 MED) RESPONSIBILITY. Commanding General, MARRESFOR (G-4 MED) will monitor HIV testing of SMCR personnel within the Force, coordinate with HQMC and BUMED to formulate new or revised policies and procedures as necessary, compile testing reports from REMMPS file data and act as an information clearing house to keep SMCR units appraised of new developments in HIV policy.

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1. Individuals in the SMCR who are found positive on HIV testing and desire to remain in the Marine Corps Ready Reserve, provided a billet is available, shall obtain a medical evaluation, at no expense to the government, from a civilian physician. The results of this examination must be provided to the Marine Corps within 60 days of the date the member is notified of positive HIV status. The medical evaluation shall include, as a minimum, the following:

- a. History and physical examination.
- b. Complete blood count with differential and platelet count.
- c. Erythrocyte sedimentation rate.
- d. Total lymphocyte count.
- e. Total T-Cell count.
- f. Absolute T-4 and T-8 levels.
- g. T-4:T-8 ratio.
- h. SGOT.
- i. Alkaline phosphatase.
- j. Lactic acid dehydrogenase.
- k. Total bilirubin.
- l. Total protein.
- m. Urinalysis: routine and microscopic.
- n. Chest X-ray: PA and LAT.
- o. RPR or VDRL with FTA.
- p. Anti HAV, HBSAG, and Anti-HBC antibodies.
- q. Toxoplasmosis titer: IG G and IGA.

Figure 9-1.--Required Medical Evaluation for SMCR HIV Positive Personnel.

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r. Skin tests for:

- (1) IPPD
- (2) Mumps
- (3) Tricophyton
- (4) Candida
- (5) Tetanus

2. Failure to comply with this requirement will result in transfer to the IRR for subsequent transfer to the Standby Reserve or discharge, depending on the needs of the U.S. Marine Corps.

Figure 9-1.--Required Medical Evaluation for SMCR HIV
Positive Personnel--Continued.

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1. Maintain Confidentiality

- a. Counseling shall be conducted by the unit commander.
- b. A Medical Officer, if available, should be present to assist in answering questions. If not available, Marines should be provided with the phone number of a medical officer competent to answer his/her questions concerning HIV.
- c. Test results will be entered in the health record (SF 601) and dental record (SF 603). No entry shall be made in the service record book.
- d. All material relating to HIV positive test results shall be maintained in an individual case file by the Inspector-Instructor in his safe. When the member is transferred to the IRR, all material shall be placed inside the Health Record and forwarded to MCRSC.

2. Explain Meaning of Positive HIV Test

- a. A positive test result does not mean the individual is a homosexual or drug abuser.
- b. A positive test result does not mean the individual has AIDS.
- c. A positive test result means the individual has been exposed to the HIV virus and has the antibody to the virus in their blood.
- d. The individual should seek further testing and medical evaluation from a civilian physician or medical facility at no expense to the government.
- e. The individual shall be provided with the toll-free number of the National Aids Hotline.
 - (1) 1-800-342-AIDS for a recording of general information.
 - (2) 1-800-342-7414 for a person who can provide a local (by area code) source of information and counseling.

Figure 9-2.--Checklist for Counseling HIV Positive Personnel.

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f. The Marine Corps considers HIV positivity for Reservists in the SMCR as not service connected and further testing and evaluation will be at the individual's expense.

3. Explain Options Available to Individual

a. The member may request an administrative discharge. These requests must be approved by CMC (RESM-3) for convenience of the government.

b. Members who desire to maintain affiliation with the Marine Corps Reserve have 60 days from date of counseling to obtain a medical evaluation from a civilian source at no expense to the government. This evaluation is estimated to cost up to \$4,000.

(1) Failure to provide this medical evaluation within 60 days will result in transfer to the IRR per SECNAVINST 5300.30C for disposition by Marine Corps Reserve Support Center (MCRSC).

(2) Members found to demonstrate clinical illness or immunological deficiency will be administratively discharged.

(3) Members found to be in good health and without evidence of clinical illness or immunological deficiency may be retained in the Marine Corps Reserve provided they can be placed in a non-deployable billet. There are no non-deployable billets within MARRESFOR; therefore, individuals will be transferred to the Stand-by Reserve (ASL) via the IRR.

(4) Members retained in the Stand-by Reserve (ASL) must obtain a medical evaluation annually.

4. Additional Notification

a. Encourage member to inform spouse and/or intimate contacts.

b. Inform member that Marine Corps will comply with local and state health regulations regarding reporting health status to those authorities and informing his dependents.

Figure 9-2.--Checklist for Counseling HIV Positive Personnel--Continued.

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5. Follow-up Procedures

- a. Provide member with AIDS information pamphlet, AIDS Hotline phone numbers, and a copy of medical evaluation message.
- b. Counselor and member shall sign and date the counseling acknowledgement letter. A copy may be provided to the member. The original shall be included in the case file.
- c. Comply with local and state regulations on reporting of HIV positivity.
- d. Ensure health and dental record entries are made.

Figure 9-2.--Checklist for Counseling HIV Positive
Personnel--Continued.

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HIV stands for Human Immunodeficiency Virus. This virus attacks a part of the immune system called T-cells. T-cells are a special type of white blood cells that play an important role in defending the body against disease. When the T-cells are attacked by HIV, the body becomes susceptible to certain diseases that are not a problem for a healthy immune system. This condition is known as Acquired Immune Deficiency Syndrome (AIDS) or AIDS related Complex (ARC) depending on how severe the condition is. Not everyone who has been infected with HIV has developed AIDS or ARC; however, they may carry and transmit the virus.

The Navy uses two tests to detect HIV infection, ELISA and Western Blot. Both tests detect a specific protein on the antibody that the immune system produces against HIV infection. Only the HIV antibody has this specific protein, so, even though the tests do not detect the virus itself, they can determine that a person has been infected with HIV. The ELISA is the screening test that everyone in the military receives. The blood samples are put through the ELISA test at least twice. When the ELISA test is positive, the blood sample is sent to Naval Hospital Bethesda, MD for the confirmatory Western Blot test. Only if the Western Blot is also positive is a person considered to be HIV positive.

HIV is spread by sexual contact and by blood and blood products. Some people were infected by transfusions of blood or blood products that were infected. Babies born to infected mothers are also infected. The sharing of needles during drug abuse is the most common method of spreading HIV by blood. There are no known cases of the spread of HIV through normal contact during normal daily activities at work, school, or home. Casual contact with an HIV infected person has not been found to be a risk of infection.

Presently there is no cure for AIDS or HIV infection. However, with the HIV antibody test we can take several steps to reduce the spread of HIV infection. All blood and blood products for transfusion are tested for HIV, any that are positive are destroyed. This has virtually eliminated the risk of HIV infection through medical transfusions of blood. Testing also allows us to identify HIV infected people and teach them special precautions to prevent spreading the infection. By informing everyone about HIV infection, how it is spread, and how to prevent that spread, we can reduce the

Figure 9-3.-- HIV Information and Recommendations.

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risk of HIV infection for the entire population. AIDS, ARC, and HIV infection are serious matters for public health. HIV infection is not confined to homosexuals, drug abusers, and prostitutes, although these groups form the vast majority of HIV infection cases in the United States. A small percentage of HIV infections in the U.S. is among heterosexual people. These and all other cases can be reduced if everyone learns and follows the preventive measures recommended by the U.S. Public Health Service. The center for Disease Control (CDC) is tracking AIDS and conducting tests as part of an ongoing massive research effort. The National Institutes of Health (NIH) is also using its labs and clinics in a massive effort to stop AIDS. Medical institutions all over the U.S. and a number of other countries are pouring resources into the war on AIDS. Blood collection agencies are using a test that can detect the antibodies to HIV to screen donated blood and help protect the blood supply. Public health agencies - international, federal, state, and local - are doing their part to control AIDS. Military medical departments are a vital part of the overall research effort on the diagnosis, treatment, and prevention of AIDS and HIV infection.

The U.S. Public Health Service recommends the following steps for persons with positive results on the blood test for antibodies to HIV, the virus that causes AIDS.*

Seek regular medical evaluation and follow-up.

Either avoid sexual activity or inform your prospective partner of your antibody test results and protect him or her from contact with your body fluids during sex. (Body fluids includes blood, semen, urine, feces, saliva, and women's genital secretions.) Use a condom, and avoid practices that may injure body tissues (for example, anal intercourse). Avoid oral-genital contact and open-mouthed, intimate kissing.

Inform your present and previous sex partners, and any persons with whom needles may have been shared, of their potential exposure to HIV and encourage them to seek counseling and antibody testing from their physicians or at appropriate health clinics.

Don't share toothbrushes, razors, or other items that could become contaminated with blood.

Figure 9-3.--HIV Information and Recommendations--Continued.

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If you use drugs, enroll in a drug treatment program. Needles and other drug equipment must never be shared.

Don't donate blood, plasma, or body organs, other body tissue, or sperm.

Clean blood or other body fluids spills on household or other surfaces with freshly diluted household bleach - 1 part bleach to 10 parts water. (Don't use bleach on wounds.)

Inform your doctor, dentist, and eye doctor of your positive HIV status so that proper precautions can be taken to protect you and others.

Women with a positive antibody test should avoid pregnancy until more is known about the risks of transmitting HIV from mother to infant.

Further information about AIDS may be obtained from your local or State Health Departments or your physician. The Public Health Service AIDS hotline number is 1-800-342-AIDS. For further information on drug abuse treatment call 1-800-662-HELP.

Excerpted from U.S. Department of Health and Humane Services pamphlet "Facts About AIDS", Spring 1987.

Figure 9-3.--HIV Information and Recommendations--Continued.

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I acknowledge that I have been counseled regarding the result of my HIV blood test. I understand that I have evidence of the presence of the antibody to HIV in my blood. I understand that this does not mean I have AIDS, but I have been counseled to see my own physician for further testing and evaluation. I have further been counseled that the Marine Corps considers my condition is not service connected and further tests and evaluation will be at my own expense.

I understand that if additional tests and evaluations show no evidence of clinical illness or immunological deficiency associated with this virus, I may be considered fit for full duty, although my condition may result in some restrictions on duty assignments. I understand I have 60 days to provide the results of the medical evaluation to the proper Marine Corps authority. Failure to provide the results of the medical evaluation within 60 days will result in transfer to the IRR and Stand-by Reserve or separation depending on the needs of the U.S. Marine Corps.

Signature of Counseling Officer
Name
Rank
Branch of Service

Signature of Counseled Marine
Name
Rank
Branch of Service

Figure 9-4.--HIV Counseling Acknowledgment Letter.

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CHAPTER 10

FUNCTIONS OF MARRESFOR MEDICAL SECTION

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CHAPTER 10

FUNCTIONS OF MARRESFOR MEDICAL SECTION

10000. GENERAL. The MARRESFOR Medical Section (G-4 MED) provides medical administrative policy and guidance for active and reserve units within the MARRESFOR. Additionally, G-4 MED liaison with elements of the Commander, Naval Reserve Force, the Enlisted Personnel Management Center, Naval Reserve Personnel Center, Bureau of Naval Personnel and other agencies to affect proper staffing and manpower of MARRESFOR units. Provided below is a brief summary of functions performed by G-4 MED.

10001. PERSONNEL

1. Liaison with the Commander, Naval Reserve Force to ensure Naval Reserve support is effected in accordance with ForO 1540.3/ COMNAVRESFORINST 1540.10B.
2. Advise Active Duty staffs concerning use of ForO 1540.3/COMNAVRESFORINST 1540.10B.
3. Respond to telephone inquiries from unit commanders and Naval Reserve Activities Commands regarding Naval support to Marine Reserve Units.
4. Provide input to MARRESFOR (G-3) regarding medical and dental personnel requirements for inclusion in the Baseload Plan (ForO 1540.3/ COMNAVRESFORINST 1540.10B.).
5. Coordinate active duty medical/dental personnel requirements and staffing issues with MARRESFOR (G-1), Headquarters, Marine Corps (HQMC-MPC), Bureau of Naval Personnel (BUPERS), Commander, Naval Reserve Force (CNRF) and Enlisted Personnel Management Center (EPMAC).
6. Liaison with Atlantic Fleet (LANT) and Pacific Fleet (PAC) representatives and Commander, Naval Reserve Force (COMNAVSURFRESFOR) concerning personnel support for AT.

10002. READINESS

1. Provide information to MARRESFOR (G-1) on the capabilities of the Navy medical department and the T/O structure of medical support for MARRESFOR.
2. Provide information on requests to the MARRESFOR commanders on the following subjects: physical examination requirements, health

record requirements, medical supply and equipment requirements, acquisition of Naval reserve medical support, T/O support relative to mobilization and active duty forces as well as the reserve community.

3. Assist in and act as a source coordinator for Mobilization Operational Readiness Test (MORDT) and Commanding General Inspection (CGI) medical inspector assignments.

10003. SUPPLY

1. Research and provide supply related information and guidance to Active Duty Staffs and often MARRESFOR Supply personnel on medical supply issues.

2. Submit as required, input for appropriate changes to MCO 6700R.1 series for in-garrison Class VIII requirements.

3. Represent CG, MARRESFOR at the FMF Surgeon's Course required at the FMF Medical Logistics Conferences and meetings.

4. Provide information and guidance to Active Duty Staffs and MARRESFOR Supply personnel regarding the use of various AMALs/ADALs, their acquisition and support.

5. Respond to requests for waivers to maintain additional in garrison medical/dental equipment.

6. Verify requirements and process requests for Class VIII Material for SMCR unit AT.

10004. FISCAL

1. Decision Unit (DU) manager, DU 73.

2. Provide input for annual budget.

3. Provide input for Program Objective Memorandum (POM).

4. Advise on appropriateness of mid-year review requests for additional funding for medical expenditures.

5. Review requests for additional funding for medical expenditures when requested by Budget Officer.

10005. ADMINISTRATION

1. Develop and coordinate policy concerning HIV testing of SMCR personnel. Monitor MARRESFOR compliance with SECNAVINST 5300.30A.

2. Maintain Navy/Marine Corps directives systems for medical and dental issues.
3. Coordinate with Reserve Administrative section of MARRESFOR Adjutant's office concerning treatment of SMCRs injured at drill or while on AT. Advise on eligibility for health care benefits.
4. Review all nonphysically qualified (NPQ) packages forwarded to the Bureau of Medicine and Surgery.

10006. MEDICAL SUPPORT TO MARRESFOR PERSONNEL

1. Provide CHAMPUS advice to Active Duty Staffs and HqBn personnel.
2. Process claims of HQ BN personnel for non-federal medical care to OMA.
3. Assist in submission of CHAMPUS dependents forms for local MARRESFOR personnel (Active Duty Staffs).
4. Advise MARRESFOR personnel upon check-in of medical capabilities and services at this Headquarters and of the Greater New Orleans area.
5. Establish and maintain liaison with local civilian community medical facilities.
6. Maintain active association with local military medical treatment facilities.
7. Provide medical support for semi-annual and remedial Physical Fitness Program.

10007. TRAINING

1. Conduct assistance visits to Active Duty Staffs when requested.
2. Provide updated information to MARRESFOR (G-3) concerning medical training topics.
3. Provide speaker for MARRESFOR Supply Chiefs' Conference concerning medical/Navy supply issues. Address medical equipment and supply questions in addition to questions concerning uniform acquisition for unit Hospital Corpsmen and Naval Reservists.
4. Provide advice/input to MARRESFOR (G-3) and other appropriate sections on requests from unit Hospital Corpsmen to attend various education/instructional courses (i.e., CHAMPUS HBA course, cold weather medicine, scuba school, jump school, etc.).

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5. Advise MARRESFOR (G-3) operations on appropriateness of medical personnel support requirements on variety of exercises.
6. Conduct unit Hospital Corpsman Enrichment Course annually.
7. Upon request, provide speaker at Medical Battalion and Dental Battalion Commander's Conferences and often meetings as required.
8. Assist and aid in making arrangements for the annual MARRESFOR Surgeon's Course and MCLO Conference.

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CHAPTER 11

REFERENCES AND RESOURCES

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CHAPTER 11

REFERENCES AND RESOURCES

11000. GENERAL. There are numerous commands, entities and individuals who can serve as resources to support the Active Duty Staff. The unit Hospital Corpsman should maintain a close liaison with the nearest medical treatment facility or civilian facility to insure adequate care of Marines.

11001. PERSONNEL. The Enlisted Personnel Management Center (Code 90) New Orleans, LA, the Bureau of Naval Personnel (PERS-407), and Naval Reserve Personnel Center New Orleans, LA, Code 37L (TARS), are responsible for billet requisitions and detailing assignments, respectively, for unit Hospital Corpsmen. An established dialogue will help facilitate adequate Hospital Corpsman manning at the Active Duty sites.

11002. NAVAL RESERVE REGIONAL READINESS COMMAND (REDCOMS). Each Readiness Command (REDCOM) has a medical training section, usually consisting of a Medical Service Corps Officer (MSC) and a senior Hospital Corpsman as well as a small supporting staff. They can be extremely helpful in obtaining personnel support for the SMCR unit and in assisting in providing training support for the Program 9 unit.

11003. MARINE CORPS LIAISON OFFICER (MCLO). A Marine Colonel (O-6) billet is assigned to every REDCOM. The incumbent's primary function is to provide advice, and assistance to the REDCOM Commander on all matters relating to the SMCR. This officer can be a great asset to the unit commander in coordinating support. His specific functions are listed in ForO 1540.3/COMNAVRESFORINST 1540.10B series, enclosure (5).

11004. SOURCES OF PREVENTIVE MEDICINE AND OCCUPATIONAL HEALTH SUPPORT. The senior organization directing preventive medicine and disease vector ecology control activities is the Naval Environmental Health Center (NEHC), 2510 Walmer Ave., Norfolk, VA 23513-2617.

1. Unit Hospital Corpsmen who experience problems regarding occupational or preventive medicine issues may request guidance and or services from the following organizations:

- a. Occupational and Preventive Medicine Services of the MTFs

b. Navy Environmental and Preventive Medicine Unit (NEPMU) #2, Naval Station, Norfolk, VA 23511, COML: (804) 444-7671, DSN: 564-7671. Utilize if your command is located in the U.S., east of the Mississippi River.

c. NEPMU #5, Naval Station, Box 143, San Diego, CA 92136-5143, COML: (619) 556-7070, DSN: 526-7070. Use if your command is located in the U.S., west of the Mississippi River.

d. NEPMU #6, Honolulu, HI, COML: (808) 471-9506, Avn: 430-0111, Ext 9506. This unit provides service to commands in the West Pacific, Hawaii, Far East and adjacent areas.

e. NEPMU #7, Naples, Italy, Box 41, FPO NY, NY 09521-4200. This unit provides service to commands in Europe, Africa, MidEast and parts of Asia.

2. For vector and pest control problems, inquiries may be directed to one of the following:

a. Navy Disease Vector Ecology and Control Center (DVECC), Naval Air Station, Bldg. 130, Alameda, CA 94501-5039. Coml: (904) 772-24234, Avn: 993-2805 for issues that arise in West Coast locales.

b. East Coast DVECC, Naval Air Station Box 43, Jacksonville, FL. Coml: (904) 772-2424, Avn: 942-2424 for East Coast concerns.

11005. REFERENCES. Figure 11-1 provides a Table of References which are required to be onboard the Active Duty site.

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REDCOM 1
Bldg 344
Naval Education Training Center
Newport, RI 02841-5016
Comm: (401) 841-4086
AUTOVON: 948-4086
FAX: (401) 841-1158
ME, MA, CT, RI, NH, VT

REDCOM 2
Bldg 1
Scotia, NY 12302-9465
Comm: (518) 370-4990
FAX: (518) 370-0413
NY, MA

REDCOM 4
Bldg 662, Naval Base
Philadelphia, PA 19112-5070
Comm: (215) 897-5750
AUTOVON: 443-5750
FAX: (215) 897-5765
NJ, PA, DE

REDCOM 5
Bldg 1033, USAAP
Ravenna, OH 44266-9211
Comm: (216) 392-2810
AUTOVON: 346-2864
FAX: (216) 392-2840
OH, NY, WV, PA

REDCOM 6
Washington Navy Yard
Washington, D.C. 20374-2003
Comm: (202) 433-3822
AUTOVON: 288-3822
FAX: (202) 433-5561
MD, VA, WV, DC

REDCOM 7
Naval Base
Charleston, SC 29408-6050
Comm: (803) 743-3771
AUTOVON: 563-3771
FAX: (803) 743-1204
NC, SC, GA

REDCOM 8
Box 90, Naval Air Station
Jacksonville, FL 32212-0090
Comm: (904) 722-2557
AUTOVON: 942-2557
FAX: (904) 772-4180
FL, GA, PR, TN

REDCOM 10
Bldg 11, Naval Support Activity
New Orleans, LA 70142-5600
Comm: (504) 361-2240
AUTOVON: 485-2240
FAX: (504) 361-0274
LA, MS, TX, FL, AL

REDCOM 11
Bldg 11, Naval Air Station
Dallas, TX 75211-9502
Comm: (214) 266-6530
AUTOVON: 874-6530
FAX: (214) 266-6547
TX, NM, OK

REDCOM 13
Bldg 1, Naval Training Center
Great Lakes, IL 60088-5026
Comm: (708) 666-8764
AUTOVON: 792-5574
FAX: (708) 668-2118
MI, IL, IN, WI

REDCOM 16
Bldg 715
Minneapolis-St. Paul Int'l Airport
Minneapolis, MN 55450-2996
Comm: (612) 725-5724
AUTOVON: 825-5724
FAX: (612) 725-5712
MI, IL, IA, MN, ND, SD, WI

REDCOM 18
301 Navy Drive
Industrial Airport, KS 66031-0031
Comm: (913) 764-3664
FAX: (913) 764-5181
MO, WY, CO, KS, NE

REDCOM 19
960 North Harbor Dr.
San Diego, CA 92132-5108
Comm: (619) 532-1854
AUTOVON: 522-1854
FAX: (619) 532-3031
CA, AZ, NV

REDCOM 20
Building 1, Naval Station, Treasure Island
San Francisco, CA 94130-5032
Comm: (415) 395-3325
AUTOVON: 475-3325
FAX: (415) 395-3337
CA, HI, UT, NV

REDCOM 22
Building 9, Naval Station
Seattle, WA 98115-5009
Comm: (206) 526-3876
AUTOVON: 941-3876
FAX: (206) 526-3339

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OPNAVINST 1700.10E	Sailor of the Year Program
OPNAVINST 5102.1C	Mishap Investigation Reporting
OPNAVINST 6110.1D	Health and Physical Readiness Program
OPNAVINST 6320.3	Non Physician Health Care Providers
OPNAVINST 6320.4A	Credentialing of Health Care Providers
OPNAVINST 6320.5	Health Care Provider Conduct
OPNAVINST 6530.2C	Department of the Navy Blood Program
SECNAVINST 5300.30C	Management of Human Immunodeficiency Virus (HIV) Infection in the Navy and Marine Corps
SECNAVINST 5500.4F	Recovered Government Property; reporting of
SECNAVINST 6600.4	Centralized Storage of Duplicate Dental Panoramic Radiograph (DDPR)
NAVMILPERSCOMINST 1611.1 Ch 2	Report of the Fitness of Officers
NAVMILPERSCOMINST 1616.9A	Report of the Enlisted Performance
NAVMEDCOMINST 1500.8	Command Training Program for Hospital Corps Personnel
BUMEDNOTE 6120 of 13 MAR 90	Medical Examinations
NAVMEDCOMINST 6150.1	Health Care Treatment Records
NAVMEDCOMINST 6220.2A	Disease Alert Reports
NAVMEDCOMINST 6320.1A	Non-Naval Medical and Dental Care
NAVMEDCOMINST 6320.3B	Medical and Dental Care for Eligible Persons

Figure 11-2.--Table of References.

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NAVMEDCOMINST 6810.1	Ophthalmic Services
BUMEDINST 6120.20B	Competency for Duty Examinations
NAVMEDCOMINST 6224.1	Tuberculosis Control Program
NAVMEDCOMINST 6230.3	Immunization Requirements and Chemoprophylaxis
BUMEDINST 6700.36B	Medical and Dental Equipment Maintenance and Repair Manual
BUMEDINST 6710.62	Dated Medical and Dental Material; Management of
BUMEDINST 6710.63	Defective or Unsatisfactory Medical and Dental Material; Reporting and Processing
NAVMEDCOM 6820.1	Professional Reference Materials and Publications; Procurement of
MCO P1070.12E	Marine Corps IRAM
MCO P1080R.38B	Reserve Personnel Reporting Instruction Manual
MCO 1770.2	NOE Benefits for Members of Marine Corps Reserve
MCO P3040.4C	Marine Corps Casualty Procedures Manual
MCO 5100.8E	Marine Corps Ground Occupational Safety and Health Program
MCO 5101.8D	Marine Corps Ground Mishap Reporting
MCO 6100.10A	Weight Control and Military Appearance
MCO 6200.1D	Heat Casualties
MCO 6260.2	Marine Corps Hearing Conservation Program
MCO 6310.1B	Pseudofolliculitides Barbae
MCO 6320.2C	Administration and Procedures for Hospitalized Marines

Figure 11-2.--Table of References--Continued.

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MCO 6320.3B	Hospital Visitation Program
MCO 6700R.1M	Class VIII Material for USMCR Centers
MCO 6700.2D	Medical and Dental (Class VIII) Material for Support of The Fleet Marine Force
ForO/CNRFINST 1540.10B	Naval Reserve Medical/Dental Training Support to the Selected Marine Corps Reserve
ForO P6000.1	SOP Medical
ForO 1650.5	Sailor Of The Year

BUMED MANUALS

NAVMED P-117	Manual of the Medical Department
NAVMED P-5010	Manual of Naval Preventive Medicine
NAVMED P-5041	Treatment of Chemical Agent Casualties and Conventional Military Chemical Injuries
NAVMED P-5046	Medical Management of Casualties in Nuclear Warfare
NAVMED P-5052	Technical Information Manual for Medical Corps Officers,

BUPERS MANUALS

NAVPERS 15560	Naval Military Personnel Manual
NAVPERS 15878	Retention Team Manual
NAVPERS 15909D	Enlisted Transfer Manual
NAVPERS 15665G	US Navy Uniform Regulations

Figure 11-2.--Table of References--Continued.

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FLEET MARINE FORCE MANUALS

FMFM 3-1	Command and Staff Action
FMFM 4-50	Health Services Support

MISCELLANEOUS

NEHC TM 89-2	Navy Environmental Health Center Nosocomial Infection Control Manual
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APPENDIX A

DUPLICATE PANORAL PROCEDURES GUIDE

DUPLICATE PANOGRAPH LABELING PROCEDURES

Duplicate panographs must be properly labeled to ensure expeditious processing by the DEERS Support Officer. Each panograph requires either an "L" or an "R" superimposed on the front to indicate the left and right side of the members's mouth. The diagram below shows correct placement of the "L" and "R":

TOP OF SERVICE MEMBER'S MOUTH

Member's Right
Member's Left

Right on X-Ray
Left on X-Ray

Each panograph may contain the radiographically imprinted Marine's label and **must** contain an externally affixed, white, self-adhesive label. The label must contain the member's name, social security number and the date the panograph was taken. The external label will be centered near the top of the right side of the panograph as illustrated below:

Example: White, William G.
123-45-6789
87 January 22

Member's Right

White, William G.
123-45-6789
87 Jan 22

Top of Member's Mouth

Member's Left

Panographs that do not conform to the labeling standard cannot be processed and will be returned to the sending unit for prescribed preparation.

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PANOGRAPH BATCH MAILING

When duplicate panographs have been prepared, properly labeled and reviewed for completeness, they are ready for batch mailing to the DEERS Support Office (DSO). The panographs should be mailed in the original Kodak x-ray boxes to prevent damage in transit and should be in batches of 100 or less. Each batch must be accompanied by a completed Guard/Reserve Panorol Radiograph (Panograph) Batch Transmittal Form. A copy of this form is provided on page A-6. Local reproduction of this form is authorized. The Batch Transmittal Form contains the name and address of the originating unit, which will be used by DSO personnel to forward an Acceptance Report (page A-8) after the batch has been processed.

Multiple batches may be mailed in the same container, provided each batch contains a completed Batch Transmittal Form conspicuously attached to insure batch integrity. Each batch should be forwarded, by first-class mail in a moisture-resistant container, to the following address:

DEERS Support Office
Attn: PANOGRAPH
2511 Garden Road, Suite A260
Monterey, CA 93940-5387

Each submitting unit should maintain a panograph transmittal log to assist in accounting for duplicate panographs. The log should contain sufficient information to identify the batch in which panographs were submitted and whether or not they were accepted. For example, a unit forwarding duplicate panographs could maintain a log that includes the batch number, the member's name, SSN, and acceptance report number.

PROCESSING PANOGRAPHS (ACCEPTANCE/REJECTION)

After the panographs have gone through initial screening, the DSO will acknowledge every transmittal received by returning an Acceptance Report. For each panograph received by the DSO, the Acceptance Report will provide the following information:

Name of member
SSN
Date of panograph
One of the following messages:
 (a) Accepted.
 (b) Rejected.

If the panograph is rejected, one or more of the following error messages will also appear.

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- (1) Sponsor is not found on DEERS Data Base.
- (2) Name Missing or Illegible.
- (3) SSN Missing or Illegible.
- (4) Date Missing or Illegible.

Rejected panographs will be returned immediately to the submitting facility with a cover letter (see page A-9) that identifies the cause(s) for rejection. Included with the cover letter the Acceptance Report will be returned. Panographs requiring corrective action must be resubmitted to the DSO in a new batch.

ACTION WHEN AN ACCEPTANCE REPORT IS NOT RECEIVED

If an Acceptance Report is not received from the DSO within 90 days of the date the batch was forwarded, the person within the unit who is responsible for forwarding batches to the DSO should mail a "Tracer" copy of the transmittal form to:

DEERS Support Office
Attn: PANOGRAPH
2511 Garden Road, Suite A260
Monterey, CA 93940-5387

If the transmittal was not received by the DSO, the submitting unit must resubmit the entire batch with a duplicate of the original transmittal form. **Do not** change the transmittal number. Write "DUPLICATE" clearly in red ink on the transmittal form.

PANOGRAPH ENROLLMENT LISTINGS

The DSO will provide duplicate panograph listings for units desiring to determine their panograph status. Listings will be provided either based on written requests, using the DEERS Product Request Form (page A-12) or by automated tape request, using the format shown in the Tape Submission Instruction on page A-14. Panograph enrollment listings show only the sponsor and the date of the most recent panograph on file. If there is no panograph on file, the printout will indicate "No X-RAY."

AUDITING THE PANOGRAPH ENROLLMENT LISTINGS

The panograph enrollment listing is not as accurate as the most recently processed service quarterly master file. Therefore, it is necessary for the unit to audit the listing. The recommended procedure is for the unit to verify the names of the Marines contained in the listing, cross through the names of those Marines no longer assigned to the unit, and prepare a list with the full names and SSNs of the Marines who do not appear on the panograph listing. This list should be sent, along with the DEERS Product Request Form, to the following address:

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DEERS Support Office
Attn: Field Support
2511 Garden Road, Suite 260
Monterey, CA 93940-5331

The DSO will return the verified panograph information for the Marines on the list to the requesting unit.

Do not send lists of more than 50 names.
Do not send the list of names without first
requesting the unit listing and then performing an
audit to verify its accuracy and completeness.

STORING PANOGRAPHS

After the panographs have been processed, those that are accepted are sent to the Central Panograph Storage Facility in Salinas, California for storage, and retrieval when necessary.

DENTAL RECORD DOCUMENTATION/LABELING REQUIREMENTS

1. At the time of duplication of panoral radiographs:
 - a. Record the procedure and date in item 17 of the SF 603/603A.
 - b. Place a one-half inch red tape on the dental record folder (NAVMED 6150/1-10 (6-18)) in the section marked "RET YR TAPE" located at the lower right edge.
2. Once the DSO verifies that the duplicate dental panoral radiograph has been received and successfully processed:
 - a. Replace the red tape with green tape.
 - b. The date of verification needs to be recorded on the SF 603/603A.

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PANORAL RADIOGRAPH (PANOGRAPH)
BATCH TRANSMITTAL FORM

[1] FROM: _____
Name of Organization
Originating Office/Code
Mailing address (include street address, city, state and zip code)

[2] TO: DEERS SUPPORT OFFICE
ATTN: PANOGRAPH
2511 Garden Road, Suite A260
MONTEREY, CA 93940-5387

[3] NUMBER OF PANOGRAPHS ENCLOSED: _____

[4] TRANSMITTAL NUMBER: _____
BRANCH UIC/PAS CODE/RUC-MCC/OPFAC DAY OF YEAR BATCH
OF SERVICE NUMBER

[5] _____
SIGNATURE: AUTOVON/COMMERCIAL NUMBER: DATE: (YYMMDD)

THIS FORM SHALL BE USED WHEN MAILING PANOGRAPHS TO THE DEERS SUPPORT OFFICE.

BLOCK 1:

- Give complete name of submitting activity. Abbreviate as necessary. Use no more than 27 characters. EXAMPLE: U.S. Army Dental Activity, Ft. Bragg, North Carolina would be abbreviated as USA DENTAC FT BRAGG NC.
- Give internal routing indicator, clinic ID, office code, or NAVHOSP Code 331.
- Give complete base name, street address (when applicable), city, state, 9 digit zip code. Use no more than 27 characters per line.

BLOCK 2: Self-explanatory.

BLOCK 3: Enter number of PANOGRAPHS being enclosed. Batch PANOGRAPHS in number of one hundred (100) per transmittal form or, as a minimum monthly.

BLOCK 4: Branch of service:

G - Army National Guard
H - Air National Guard
J - Army Reserve
K - Navy Reserve

L - Air Force Reserve
X - Marine Corps Reserve
Z - Coast Guard Reserve

UIC/PAS Code/RUC/OPFAC: Enter 8-character unique identifier. If unit code is less than 8 characters, precede it with zeros.

Day of Year: Enter 3-digit date code. Example February 16, 1985 is 047.

Batch Number: Enter 3-digit batch sequence number (001-999). for the first batch of each new day of year, begin with 001. If a unit identifier has more than one clinic that forwards Panographs, the first digit may be assigned locally to differentiate between clinics (e.g., Clinic #1 would begin with 101,

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Clinic #2 would begin with 201, etc.

BLOCK 5: Enter the signature of the individual responsible for ensuring the batch is forwarded. In the same area, insert the AUTOVON and commercial phone numbers

Note: Each unit shall audit their panographs biannually through DSO, Monterey, CA. The completed audit will then be maintained on file.

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PANOGRAPH REPORT DATE: YYMMDD ACCEPTANCE REPORT RUN DATE: YYMMDD PAGE 1

NAME: BRDENCLINIOC EXAMPLE, CA.
 ADDRESS: ATTN: CODE 331
 EXAMPLE, CA 99999-9999

TRANSMITTAL NO. DAY TRANSMITTAL RECEIVED BATCH DEERS NO.
 A00099999016201 YYMMDD 88999999 00000999999

SSN	NAME	PANOGRAPH DATE	STATUS
999-98-9998	SAILOR, ROBERT Q.	860122	ACCEPTED
999-99-9999		840331	REJECTED ERRORS: NAME
MISSING OR ILLEGIBLE			
123-45-6789	BRATT, MARY T.	810505	ACCEPTED
123-56-7891	JONES, JOHN T.	860228	ACCEPTED
	HUNTER, QUICK T.	851028	REJECTED ERRORS: SSN
MISSING OR ILLEGIBLE			
999-97-9797	SMITH, JOHN Q.	51104	ACCEPTED
		000000	REJECTED ERRORS: DATE
MISSING OR ILLEGIBLE			
MISSING OR ILLEGIBLE			
996-12-3456	TEE, MARK X.	830716	ACCEPTED
998-98-1234	SUPER	840913	REJECTED ERRORS: SPONSOR
NOT FOUND ON DEERS DATA BASE			
123-79-8976	FRAGILE, ISTIC R.	860304	ACCEPTED
999-12-3333	COFFEE, CUP T.		REJECTED ERRORS: DATE
MISSING OR ILLEGIBLE			

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OFFICE OF THE SECRETARY OF DEFENSE
DEERS PROGRAM OFFICE

DEERS SUPPORT OFFICE

MEMORANDUM

SUBJECT: PANOGRAPH PROCESSING (Batch Transmittal # _____)

During the processing of this Panograph at the Central Processing and Storage Facility (CPSF), the following discrepancy(ies) was/were identified and caused this Panograph to be rejected.

- ☐ Name missing or illegible.
- ☐ SSN missing/illegible/invalid.
- ☐ Date missing/illegible/invalid.
- ☐ Sponsor is not found on DEERS data base.
- ☐ 2 Different Sponsors listed on same Panograph.
- ☐ 2 SSN's listed on same Panograph.
- ☐ Sponsor listed Under 2 different Names on data base.
- ☐ Sponsor listed Under different Name on data base.
- ☐ Duplicate Panograph submitted with same/earlier date.
- ☐ Damaged Panograph
- ☐ OTHER

Unless the discrepancy(ies) is/are corrected, the Panograph cannot be processed for storage. Please check your files and correct the information. If the service member had been transferred, please forward this panograph to the new command for correction. This office does not need to be advised of such a referral.

After correction, this Panograph must be submitted in a new batch to:

DEERS Support Office
PANOGRAPH Section
2511 Garden Road, Suite A260
Monterey, CA 93940-5387

FOR DUPLICATE PANOGRAPH INITIATIVE SERVICE PROJECT OFFICERS: The attached Panograph was forwarded to the submitting activity for verification of the discrepancy cited above. The submitting activity returned the batch to CPSF for the reason noted below:

- ☐ Member transferred from originating activity.
- ☐ Member no longer on Active Duty.

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() OTHER _____

GUARD/RESERVE INSTRUCTIONS ON REVERSE.

FOR GUARD/RESERVE PANOGRAPH UNITS: Panographs rejected with the error message "Sponsors is not found on DEERS data base" indicate the service member was not on the Reserve Command Component Personnel Data System (RCCPDS). It does not mean the sponsor must be pre-enrolled or on active duty. Further explanation may be obtained from your service Guard/Reserve DEERS Project Officer.

Deputy Director

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DEERS PRODUCT REQUEST

Activity Name: _____

Activity Mailing Address (include ZIP Code): _____

UIC/RUC-MCC/PAS Code/OPFAC: _____

Name: _____

POC: _____

Phone # (AUTOVON & Commercial): _____

Product Requested:

- a. Demographic Data Report _____
- b. Enrollment listing (printout) _____
- c. Enrollment listing _____
- d. Panograph enrollment listing _____
- e. Panograph enrollment listing _____

Specific Demographic Report Requested:

- a. For ZIP Set (3 or 5 digit set), by Service, by State. _____
- b. Age Category, by Relationship, by Sex, by ZIP Code, by Service. _____
- c. Age Category, by Relationship, by Sex, for ZIP Set, by Service. _____
- d. Age category, by Relationship, by Status, By ZIP Code, by Service. _____
- e. Age Category, by Relationship, by Status, for ZIP Set, by Service. _____

NOTE: Request for reports with age category should specify a maximum of six age groupings (example: 4, 10, 18, 21, 45, 65 - will result in

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the report showing - less than 4, 4-9, 10-17, 18-20, 21-44, 45-64, and 65 or greater).

Estimated number of service members assigned to unit/element (for enrollment and Panograph Listings Only): _____

Estimated number of service members assigned to unit/element with eligible dependents (for enrollment Listings Only): _____

Specific Justification for Request: _____

Service Project Officer Endorsement:

Approval: _____
(forward to DSO)

Disapproval: _____
(return to requesting unit)

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TAPE SUBMISSION INSTRUCTIONS

1. Tape must be IBM compatible.
2. Transmittal tapes should be 6250 BPI, EBCDIC, 9 track, UNLABELED. The record size must be 20; block size should be 10800. (block size and recording density may vary according to machine capabilities.)
3. In order to expedite processing, it is essential that all input files be prepared to standard specifications. Therefore, the following instructions must be followed:

The File Layout is:

Social Security Number	Col 1 - 9
Name (first 3 letters of last name)	Col 10 - 12
Unit Identification Code (UIC)	Col 13 - 20

NOTE: If less than eight characters of the UIC are used, the UIC must be left-justified with trailing blanks.

All tapes must be accompanied by a completed transmittal form that includes the following indorsement, or they will be returned without processing:

	<u>PREFERRED</u>	<u>ACCEPTABLE</u>
PARITY	ODD	EVEN
TAPE DENSITY (BPI)	6250	800, 1600
TAPE TRACKS	9	7
LABEL	None	STANDARD/NON-STANDARD
BLOCK SIZE	10800	MAXIMUM MACHINE CAPACITY
RECORDING MODE	EBCDIC	ASCII
RECORD SIZE	20	--

Number of records on tape: _____

Type of computer: _____

Point of contact: _____
Name and telephone number (AV and Commercial)

Return address for processed tape: _____

All tapes submitted to DSO will be used to return the data. They will be written in the same density and recording mode as submitted. All tapes will be written with NO label. Tapes will normally be processed within 72 hours; therefore, no return receipt will be completed.

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Tapes should be sent to:

DEERS Support Office
ATTN: Field Support
2511 Garden Road, Suite 260
Monterey, CA. 93940-5331

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